

POS000051120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

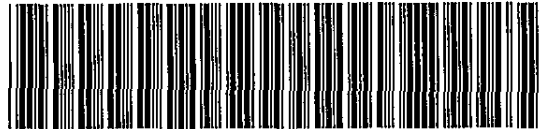
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/05/05--01062--007 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATION
05 APR -5 PM 1:20

RECEIVED
05 APR -5 PM 12:10

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. GENESIS AMBULATORY MEDICAL CARE INC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

GENESIS AMBULATORY MEDICAL CARE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13780 SW 26 ST, STE 205
MIAMI, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is offices of physicians

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED SHARES (100) WITH FIVE DOLLARS (\$5.00) VALUE PER
SHARE

ARTICLE V INITIAL OFFICERS AND DIRECTORS

PABLO M BROCHE, PRESIDENT
9907 NW 123 ST
HIALEAH GARDENS, FL 33018

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the initial registered agent is:

PABLO M BROCHE
9907 NW 123 ST
HIALEAH GARDENS, FL 33018

ARTICLE VII INCORPORATOR(S)

The name(s) and address(es) of the Incorporator is

PABLO M BROCHE
9907 NW 123 ST
HIALEAH GARDENS, FL 33018

.....

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature / Registered Agent

____4/01/05____
Date



Signature / Incorporator

____4/01/05____
Date

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