

Division of Corporations

Page 1 of 1

**P05000054095**

Florida Department of State  
Division of Corporations  
Public Access System

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**FLORIDA PROFIT CORPORATION OR P.A.****ONYX MEDICAL SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

T. Burch APR 13 2005

Electronic Filing Menu

Corporate Filing

Public Access Help

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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:

ONYX MEDICAL SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5783 SW 40TH ST  
SUITE 158  
MIAMI, FL 33155

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:  
100 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

HILDA ENRIQUEZ (P/T)	ISABEL GUZMAN (VP)
5783 SW 40TH ST	8471 SW 5 ST
SUITE 158	MIAMI, FL 33144
MIAMI, FL 33155	

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

HILDA ENRIQUEZ  
5783 SW 40TH ST  
SUITE 158  
MIAMI, FL 33155

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

HILDA ENRIQUEZ  
5783 SW 40TH ST  
SUITE 158  
MIAMI, FL 33155

\*\*\*\*\*  
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

APRIL 12, 2005  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

APRIL 12, 2005  
\_\_\_\_\_  
Date

FILED  
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