P05000056797

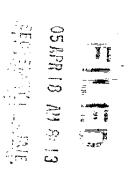
(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



400048741664

U3/28/05--01044--004 **137.50



11305-1049C

Mometon ADD 1 0 7885

TRANSMITTAL LETTER

Relocation of LLC From Ohro L. Florida.

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is an original and on	e (1) copy of the Certificate of Domestication and a check for:	
FEES:	-	
Certificate of Domest Articles of Incorpora Total to domesticate	tion and Certified Copy <u>\$78.75</u>	
OPTIONAL:		
Certificate of Status	\$ 8.75	
	Name (printed or typed) O 1 S. Oixie Hwy. Suite B. Address	
	West Palm Beach, FL. 33405. City, State & Zip 561 - 586 - 8313 Daytime Telephone Number	



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 31, 2005

RANDHIR A LAL 7301 S DIXIE HWY STE B W PALM BEACH, FL 33405

SUBJECT: RAM MEDICAL Ref. Number: W05000016490

We have received your document for RAM MEDICAL and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Document Specialist New Filings Section

Letter Number: 805A00022093



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 11, 2005

RANDHIR A LAL 7301 S DIXIE HWY STE B W PALM BEACH, FL 33405

SUBJECT: RAM MEDICAL, LLC Ref. Number: W05000016490

We have received your document for RAM MEDICAL, LLC and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

LLC IS NOT A CORPORATE SUFFIX.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Document Specialist New Filings Section

Letter Number: 805A00022093

CERTIFICATE OF DOMESTICATION

The undersigned.	Randhir A. Lal	0. P. M.	,
	Randhir A. Lal (Name)	(Title)	
of RAM	Medical Tuc. (Corporation Name)	a fore	ign corporation,
	07.1801, Florida Statutes, does her	reby certify:	
1. The date on which of	corporation was first formed was _	March 11th	<u>, 2004.</u> .
-	ere the above named corporation values Cayahoga County 17		
	rporation immediately prior to the	· · · · · · · · · · · · · · · · · · ·	
_	n Medical (INC		
	rporation, as set forth in its articles		
	7.0401 with this certificate is		
administration of the immediately before	t constituted the seat, siege social, e corporation, or any other equiva the filing of the Certificate of Dores of Onio, Cuy wh	lent jurisdiction under applimestication was	
6. Attached are Florid to s. 607.1801.	a articles of incorporation to comp	plete the domestication requ	irements pursuant
Iam OWNER	of RAM Med.	ind INC	
and am authorized to si	gn this Certificate of Domestication	on on behalf of the corporat	ion and have done
so this the 23:4 day o		·	_
our me me <u>wester</u> day o	Buit her	,	
	(Authorized Sign		• • • • • • • • • • • • • • • • • • •

Filing Fee:

Certificate of Domestication
Articles of Incorporation and Certified Copy
Total to domesticate and file

\$50.00 <u>\$78.75</u> \$128.75

OSAPRIB AH 8: 1
SECRETARY (1 SIAT
ALLAHASSEFF EI DEN

INHS53 (6/04)

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.	IN COMPLIANCE	WITH CHAPTER	607,	F.S
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	<u>A</u>	<u>R1</u>	<u>'ICL</u>	E	I	NAME	
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THE NAME OF THE CORPORATION SHALL BE:

RAM Medical, INC.

211 50

05 APR 18 AM 8: 14

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

7301 S Dixie Hay Swite B. West Palm Beach, FL. 33405.

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Physicians Office

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

@ Randhir A. Lal Durier/OPM 7301 S. Dixte Huy Suite B. West Palm Back, FL 33405.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Ors Randhir A Lal D. P.M. 1301 5 - Duble Hung + #B. Evert Palm Beach, Fi 33405

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Randhir H. Lal 7301 S. Diste Hy Suite B. West Palm Beach, FL 3340S

HAVING BEEN NAMED AS REGISTERED AGENT AND 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

Date

₹.**३**.}~>\$

Signature/Incorporator

Date