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# LAZARUS CORPORATE FILING SERVICE

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ENT NUMBER(S), (if known):
DICAL SERVICES GROUP INC.
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Certified Copy  Photocopy  Certificate of Status
AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

#### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE 1 - NAME

The name of the corporation shall be:

Professional Medical Services Group Inc.

#### **ARTICLE 11 - PRINCIPAL OFFICE**

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

7031 SW 62 Ave South Miami, Florida, 33143 Administration Office

#### **ARTICLE III -SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares of stock

## ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jack J Michel 7031 SW 62 Ave South Miami, Florida. 33143

#### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Jack J Michel 7031 SW 62 Ave South Miami, Florida 33143

The undersigned incorporator has executed these Articles of Incorporation this 4/28day of 2005

Signature

### **ARTICLE VI- DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of incorporation is (are):

Jack J Michel President, Vice president, Secretary 7031 SW 62 Ave South Miami, Florida. 33143

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#### <u>CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE</u>

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature