

POS000094621

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☐ PICK-UP

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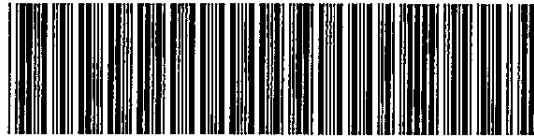
(Business Entity Name)

(Document Number)

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2005 JUL -1 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T Hampton JUL 05 2005

# LAZARUS

## CORPORATE FILING SERVICE

Requester's Name

3320 S.W. 87<sup>TH</sup> AVENUE

Address

MIAMI, FL 33165 (305) 552-5973

City/State/Zip

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

1. DORAL MEDICAL OFFICE, CORP.

(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

- ☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

### AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

### OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

### REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**  
**DORAL MEDICAL OFFICE, CORP.**

**FILED**  
2005 JUL -1 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, being of legal age and a natural person, do hereby subscribe to, acknowledge and file the following Articles of Incorporation for the purpose of creating a corporation under the law of State of Florida.

**ARTICLE I - NAME**

The name of the corporation shall be:

**DORAL MEDICAL OFFICE, CORP.**

**ARTICLE II - PRINCIPAL OFFICE**

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

**4005 NW 114 Ave Suite 22  
Doral, Fl 33178**

**ARTICLE III - DURATION**

This corporation shall commence its existence immediately upon the filing of these Articles of Incorporation and shall exist perpetually thereafter unless sooner dissolved according to law.

**ARTICLE IV - PURPOSE**

The corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida.

**ARTICLE V - AUTHORIZED SHARES**

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

**100 shares at \$ 1.00 (one dollar) each**

**ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial office of this Corporation and Florida street address of the initial registered agent is:

**Edel Sanchez  
4005 NW 114 Ave Suite 22  
Doral, Fl 33178**

**ARTICLE VII - INITIAL BOARD OF DIRECTOR**

This Corporation shall have one initial director. The number of directors may be either increased or diminished from time to time by the By-Law but shall never be less than one. The name and address of the initial director of this Corporation is:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
<b>Edel Sanchez</b>	<b>President</b>	<b>4821 SW 133 Ave Miami, Fl 33175</b>

**ARTICLES VIII – INCORPORATOR**

The name and street address of the incorporator to these articles of incorporation is:

**Edel Sanchez  
4005 NW 114 Ave Suite 22  
Doral, Fl 33178**

**ARTICLE IX – POWERS OF CORPORATION**

The Corporation shall have the same powers as an individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.

IN WITNESS WHEREOF, I, the undersigned, being the Incorporator hereinbefore named, for the purpose of forming a corporation to do business both within and outside the State of Florida, under the laws of Florida, make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, and hereunto sign my name on this 01<sup>h</sup> day of Julio, 2005.

  
**Edel Sanchez**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

**DORAL MEDICAL OFFICE, CORP.**

2. The name and address of the registered agent and office is:

**Edel Sanchez**

(Name)

**4005 NW 114 Ave Suite 22**

(Address)

**Doral, FL 33178**

(City/State/Zip)

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 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Signature)

**07/01/2005**

(Date)