

07/05/2006 21:48

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XIOMARA LEE PA

PAGE 01/02

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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305)262-2323
Fax Number : (305)262-2324

FLORIDA PROFIT CORPORATION OR P.A.

CARLOS A. FERNANDEZ P.A.

Certificate of Status	1
Certified Copy	1
Page Count	01
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PAGE 02/02
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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:

CARLOS A. FERNANDEZ P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
14691 S.W. 169 TERRACE , MIAMI , FL 33177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
NURSING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
CARLOS A. FERNANDEZ P.A. PRESIDENT
14691 S.W. 169 TERRACE , MIAMI , FL 33177

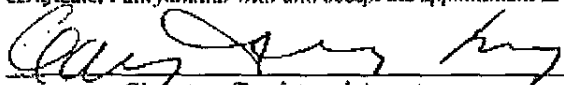
ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
CARLOS A. FERNANDEZ
14691 S.W. 169 TERRACE, MIAMI, FL 33177

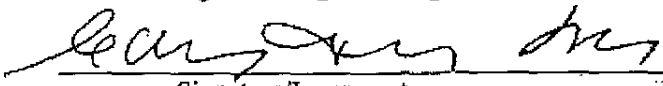
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
CARLOS A. FERNANDEZ
14691 S.W. 169 TERRACE , MIAMI, FL , 33177

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



Signature/Incorporator

7/1/2005
Date

7/1/2005
Date

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