

P06000004875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

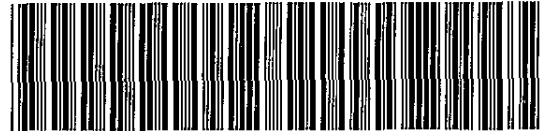
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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01/12/06--01032--010 \*\*78.75

FILED  
06 JAN 12 PM 12:37  
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06 JAN 12 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION

1/13  
SD

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

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

1. MEDICAL ADVISOR, INC.  
(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

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

**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

## ***ARTICLES OF INCORPORATION***

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

### ***ARTICLE I - NAME***

*The name of the corporation shall be:*

MEDICAL ADVISOR, INC.

### ***ARTICLE II - PRINCIPAL OFFICE***

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

3750 W 16 AVE  
HIALEAH, FL 33012

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

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

ONE HUNDRED SHARES AT \$1.00 PER VALUE

### ***ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS***

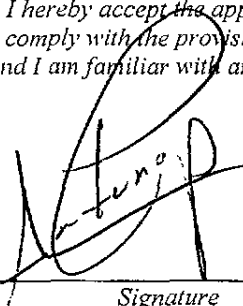
*The name and address of the initial registered agent is:*

ARTURO R. GARCIA  
5431 W 8 LN  
HIALEAH, FL 33012

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

*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.*



Signature  
ARTURO R. GARCIA

*Witness my hand and official seal at Hialeah, Dade county, Florida, this 11 days of JANUARY 2006.*



Notary Public, State of Florida

*My Commission Expires:*

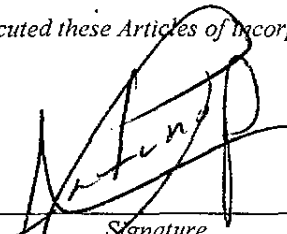


## ***ARTICLE V - INCORPORATOR***

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

ARTURO R. GARCIA  
5431 W 8 LN  
HIALEAH, FL 33012

*The undersigned incorporator has executed these Articles of Incorporation this 11 day of JANUARY, 2006.*

  
\_\_\_\_\_  
Signature  
ARTURO R. GARCIA

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

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

PRESIDENT  
VICE-PRESIDENT  
SECRETARY  
TREASURER

ARTURO R. GARCIA  
5431 W 8 LN  
HIALEAH, FL 33012

100 %