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CORPORATION NAME(S) & DOCUME	NT NUMBER(S), (if known):
1. HEALTH GROUP, 1	PROFESIONAL SERVICES, FI
2. (Corporation Name)	(Document #)
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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  REGISTRATION/QUALIFICATION Foreign
Fictitious Name	Limited Partnership Reinstatement Trademark Other  Examiner's Initials



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 I - NAME**

The name of the corporation shall be:

Health Group, Profesional Services, Inc.

#### ARTICLE II - PRINCIPAL OFFICE

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

1280 SW (#1-(A) svite) 1 street, Miami, Fl 33135.

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

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

100

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

The name and address of the initial registered agent is:

Nora Lozavio 1280 SW. 1 STREET (SUITE #1-A) Miami, FP 33135

#### ARTICLE V - INCORPORATOR

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

Nora Lozano
1280 SW 15Trut (Suit #1-A)
MIAMI Ff 33/35
The undersigned incorporator has executed these Articles of Incorporation this 18 day of APRIL 2006.

Signature

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

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

Nora Lozano (President)

#### 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.

Registered Agent Signature