

P06000093078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

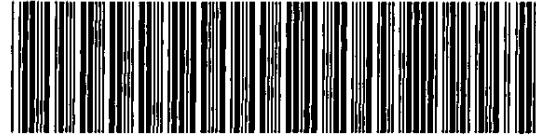
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900076960339

07/13/06--01034--001 **87.50

FILED

06 JUL 13 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: HEALTHMED NETWORK, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: C. E. LAGE

Name (Printed or typed)

4000 PONCE DE LEON BLVD. SUITE 470

Address

CORAL GABLES, FLORIDA 33146

City, State & Zip

305-777-0123

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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:

HEALTHMED NETWORK, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4000 PONCE DE LEON BLVD. SUITE 470, CORAL GABLES, FL. 33146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

C.E. LAGE, PRESIDENT, V-P, SECRETARY, TREASURER

4000 PONCE DE LEON BLVD. SUITE 470, CORAL GABLES, FL. 33146

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

C.E. LAGE,

4000 PONCE DE LEON BLVD. SUITE 470, CORAL GABLES, FL. 33146

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

C.E. LAGE,

4000 PONCE DE LEON BLVD. SUITE 470, CORAL GABLES, FL. 33146

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

07/11/2006

Date



Signature/Incorporator

07/11/2006

Date

FILED
06 JUL 13 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA