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Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Q.18,10

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

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MIAMI, FL 33165 (305) 552-597	' 3		•
	Off	ice Use Only	
CORPORATION NAME(S) & DOCUME	NT NUMBER(S), (if kno	wn):	
NAPLES ASSISTAN	TMEDICAL	INC.	
(Corporation Name)	(Document #)		
(Corporation Name)	(Document #)		
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(Corporation Name)	(Document #)		
(Corporation Name)	(Document #)		
Walk in Pick up time 1. Mail out Will wait		Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>		
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Change of Registere Dissolution/Withdra Merger	d Agent	
OTHER FILINGS	REGISTRATION/QUA	<u>LIFICATION</u>	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other		* .
		Evaminar's Initials	

CR2E031(7/97)



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 1 - NAME

The name of the corporation shall be: Medical inc

ARTICLE II - PRINCIPAL OFFICE

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

222 Industrial Buly #105 NAPles FL.3.4/04

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:

CARIOS, M Gonzalez

222 Industri Bulu. # 105

Neples FL.

34104

ARTICLE V - INCORPORATOR

The name and stree Incorporation is:					
CARIOS	M	Gonz	ales	S NAPLES FL 34104	
	タマンゴバ	rdustria	al #105	34104	
The undersigned in	icorporator ha	s executed t	hese Articles	of	
Incorporation this	day of	•	200 5.		
•		D nature	-		
	9-				

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are): QAR/O> M GONZALEZ = PRESCORNTE.

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