

# P06000121982

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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

SECRETARY OF STATE  
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## FLORIDA PROFIT/NON PROFIT CORPORATION

IMPERIAL MEDICAL HEALTH CARE INC.

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**ARTICLES OF INCORPORATION**  
**OF**

**IMPERIAL MEDICAL HEALTH CARE INC.**

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

**ARTICLE I NAME**

The name of the corporation shall be:

**IMPERIAL MEDICAL HEALTH CARE INC.**

The principal place of business of this corporation shall be:

**1701 West Flagler St #316, Miami, FL 33135**

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

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

**100 SHARES AT \$1.00 PAR VALUE**

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

**(P) PAVEL DOMINGUEZ. 1701 West Flagler St #316 Miami, FL 33135**

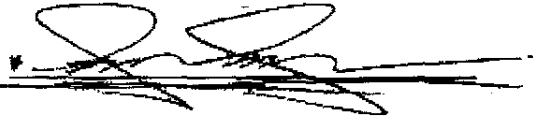
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Pavel Dominguez  
1701 West Flagler St #316  
Miami, FL 33135

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have)  
executed these Articles of Incorporation this 19th day of Sept., 2006

Signature(s) of Incorporator (s)

  
\_\_\_\_\_  
\_\_\_\_\_

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

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

IMPERIAL MEDICAL HEALTH CARE INC.

2. The name and address of the registered agent and office is :

PAVEL DOMINGUEZ  
1701 WEST FLAGLER ST #316  
MIAMI, FLORIDA 33135

Signature \*

Title Pres. Date 09/19/06

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY , AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature \*

Date 09/19/06

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