

P06000131901

(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

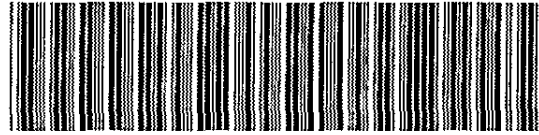
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10/17



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2006 OCT 17 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COMPLETER

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

SUBJECT Global Medical CENTER and Pain Management
~~(ATTORNEY GENERAL'S OFFICE - MEDICAL SERVICES)~~

Indicate the original and/or (1) copy of the articles of incorporation and check fee:

\$750 Filing fee
 \$275 Filing fee & Certified Status

<input checked="" type="checkbox"/> \$775 Filing fee & Certified copy	<input type="checkbox"/> \$750 Filing fee Certified copy & Certified Status
ADDITIONAL COPY REQUIRED	

FROM Emmanuel Lopez
Name (Printed Name)

1545 SW 1st Street
Address

Miami FL 33135
City, State & Zip

305-332-2736
Daytime Telephone Number



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2006

EMMA J. LOPEZ
1545 SW 1ST STREET
MIAMI, FL 33135

SUBJECT: GLOBAL MEDICAL CENTER AND PAIN MANAGEMENT
Ref. Number: W06000044021

We have received your document for GLOBAL MEDICAL CENTER AND PAIN MANAGEMENT. However, the document has not been filed and is being returned for the following:

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

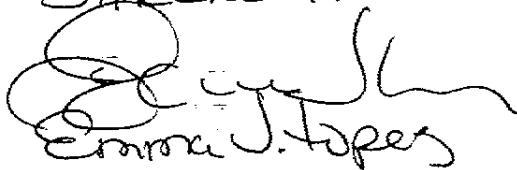
Loria Poole
Document Specialist
New Filing Section

Letter Number: 506A00059456

10-12-06

Correction has been made, please reprocess.
I apologize for the inconvenience.

Sincerely,


Emma J. Lopez

FILED

2006 OCT 17 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I. PURPOSE

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II. NAME

The name of the corporation shall be

Global Medical Center And-Pain management Inc.

ARTICLE III. HEAD OFFICE

The principal place of business/trailing address is

1545 SW 1st
Miami Fl. 33135

ARTICLE IV. PURPOSE

The purpose for which the corporation is organized is

medical business

ARTICLE V. SHARES

The number of shares of stock is

numbered shared stock is: 100. shares (one hundred)

ARTICLE VI. INITIAL OFFICERS AND DIRECTORS

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

President: Emma J. Lopez
Vice pres: Carlos Lopez-Albearez
Sec. Mariella Lopez-De Albearez

ARTICLE VII. REGISTERED AGENT

The name and full street address (P.O. Box No. if applicable) of the registered agent is

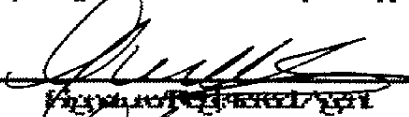
Mariella Lopez De Albearez
661 NE 68 street (Villa Elmira)
Miami, Fl. 33138

ARTICLE VIII. INCORPORATOR

The name and address of the incorporator is

Mariella Lopez-De Albearez
661 NE 68 street (Villa Elmira)
Miami Fl. 33138

File; has been made up and approved in my office for the state of Florida and that the above is a true and correct copy of the original filed in my office; I am a duly qualified and sworn officer of the State of Florida.



Secretary of State

10/2/06

File

10/2/06

File