

P07000042706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

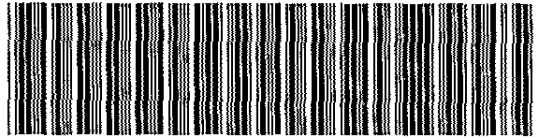
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03/30/07--01018--015 **78.75

FILED
07 APR -5 AM 11:32
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
TO AG 10/10/07
SUFFICIENT OF FILING

MRX
4/6

1007-15947

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. PRO HEALTH SERVICES INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials



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07 APR -5 PM 4:47

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

April 2, 2007

LAZARUS

WALK-IN

SUBJECT: PRO HEALTH SERVICES INC

Ref. Number: W07000015947

We have received your document for PRO HEALTH SERVICES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filing Section

Letter Number: 207A00022124

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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: *PRO-MEDICAL HEALTH CARE, INC*

ARTICLE II - PRINCIPAL OFFICE

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

*8000 COLONY CIRCLE SOUTH
SUITE 110
TAMARAC, FLORIDA 33321*

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:

ARMANDO BANKER

*8000 COLONY CIRCLE SOUTH
SUITE 110
TAMARAC, FLORIDA 33321*

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ARTICLE V - INCORPORATOR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARMANDO BANKER
ERICK ARMANDO JUAREZ NARRO
8000 COLONY CIRCLE SOUTH
SUITE 110 TAMARAC, FLORIDA 33321

The undersigned incorporator has executed these Articles of
Incorporation this 29 day of MARCH 2007

Signature

ARTICLE VI- DIRECTOR(S)

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

ARMANDO BANKER - PRESIDENT
ERICK-A. JUAREZ NARRO V.P.

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