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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

1. TMI Medical Management Inc  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
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| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                        |
|--------------------------|----------------------------------------|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **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:

**TMI MEDICAL MANAGEMENT INC.**

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

3900 NW 79 AVE. STE: 531

MIAMI, FL 33166

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

### **ARTICLE IV SHARES**

The number of shares of stock is:

**SHARES: 100**

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

TERESITA GARCIA (P/D)

3900 NW 79 AVE. STE: 531

MIAMI, FL 33166

**ARTICLE VI REGISTERED AGENT**

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

TERESITA GARCIA  
3900 NW 79 AVE. STE: 531  
MIAMI, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

TERESITA GARCIA  
3900 NW 79 AVE. STE: 531  
MIAMI, FL 33166

\*\*\*\*\*

*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

01-04-08

\_\_\_\_\_  
Date



\_\_\_\_\_  
Signature/Incorporator

01-04-08

\_\_\_\_\_  
Date