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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

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

SUBJECT: DE VARONA MEDICAL CORP.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: DE VARONA MEDICAL CORP.
Name (Printed or typed)

4111 NW 4 TERRACE
Address

MIAMI, FL. 33126
City, State & Zip

786-285-2025
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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:

DE VARONA MEDICAL CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4111 NW 4 TERRACE
MIAMI, FL. 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL ASSISTANCE

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

FRANCISCO DE VARONA PRESIDENT
4111 NW 4 TERRACE
MIAMI, FL 33126

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ARTICLE VI REGISTERED AGENT

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

FRANCISCO DE VARONA
4111 NW 4 TERRACE
MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FRANCISCO DE VARONA
4111 NW 4 TERRACE
MIAMI, FL 33126

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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

Signature/Incorporator

1/28/08

Date

1/28/08

Date