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# LAZARUS CORPORATE FILING SERVICE 3320 SW 87<sup>TH</sup> AVENUE MIAMI, FL 33165 305-552-5973

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ORPORATION NAME(S) & I	OCUMENT NUMBER(S), (if known):	
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Annual Report	Foreign	
Fictitious Name	Limited Partnership	
	Reinstatement	
	Trademark	
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### 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:

E & M MEDICAL CARE CENTER, INC.

### **ARTICLE II - PRINCIPAL OFFICE**

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

3934 S.W. 8S+ 303 CORAL GABLE, FL 33193

### **ARTICLE III - SHARES**

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

## ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EMILIANO H. MORILLO 3934 S.W 8st 303 CORAL GABLE, FL. 33193



### **ARTICLE V - INCORPORATOR**

The name and street address of the incorporator to these Articles of	
Incorporation is:	
Eniliano H. Morillo	
3934 S.W. 8st 303, CORALGABLE. FL3	3193
The undersigned incorporator has executed these Articles of	
Incorporation this day of 2008	. 80
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Signature	
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ORMI OF THE STATE	5.
ARTICLE VI- DIRECTOR(S)	C.D
The name(s) and street address (es) of the director(s) to these Articles of	
Incorporation is (are):	
EMILIANO H. MORILLO PRESIDENT	
MILAGROS PEREZ SECRETARY.	
PP C 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