

P08000049380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

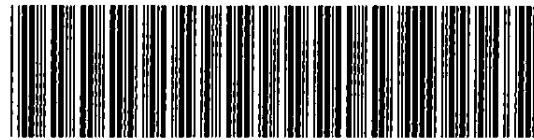
Special Instructions to Filing Officer:



Office Use Only



5/16



000128487760

05/05/08--01050--003 **78.75

F I L E D
08 MAY 16 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM :DR SPIVACK

FAX NO. :3056928668

May. 12 2008 03:02PM P1



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2008

ROSA MELGARA
4201 S.W. 126 AVENUE
MIRAMAR, FL 33027

SUBJECT: MED SERVICES, CORPORATION
Ref. Number: W08000022958

Medical Services of Florida, Inc.

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

Please complete Article(s) VII.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

The document number of the name conflict is P05000108572 - MED-SERVICES, INC..

Please return 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
Regulatory Specialist II

Letter Number: 908A00029289

COVER LETTER

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

SUBJECT: Medical Services & Products, Inc.
(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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: Rosa Melgara
Name (Printed or typed)

4201 S.W. 126 Avenue
Address

Miramar, Florida 33027
City, State & Zip

305-788-6623
Daytime Telephone number

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

FILED

08 MAY 16 PM 4:26

REGISTRATION 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:

MEDICAL SERVICES & PRODUCTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4201 S.W. 126 AVENUE
MIRAMAR, FLORIDA 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE MEDICAL SERVICES AND MEDICAL PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ROSA MELGARA - PRESIDENT
LUIS MELGARA - VICE-PRESIDENT
4201 S.W. 126 AVENUE
MIRAMAR, FLORIDA 33027

ARTICLE VI REGISTERED AGENT

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

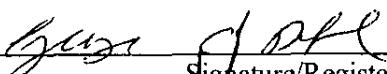
GEORGE DAHL
804 DOUGLAS ROAD, SUITE # 110
CORAL GABLES, FLORIDA 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

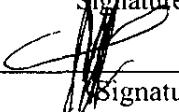
ROSA MELGARA
4201 S.W. 126 AVENUE
MIRAMAR, FLORIDA 33027

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

04-30-08

Date


Signature/Incorporator

04-30-08

Date