

P0800 0078837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

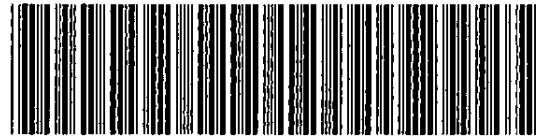
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** International Medical Associates, 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  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** International Medical Associates, Inc.

Name (Printed or typed)

20 N.W. 181st Street

Address

Miami, FL 33169

City, State & Zip

(305) 770-1141

Daytime Telephone number

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

# ***ARTICLES OF INCORPORATION***

## **ARTICLE I NAME**

The name of the corporation shall be:

**International Medical Associates, Inc .**

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

**20 N.W. 181<sup>st</sup> Street  
Miami, FL 33169**

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**This entity will provide and be engaged in the Research and Development of Transdermal Delivery Systems. In addition, it will develop systems for diagnostics using saliva of AIDS patients and other diseases. The AIDS therapy is in the form of autovaccines. In addition there will be research for the diagnostics using non-invasive technology for the determination of diseases which can be noted by studying the hemostasis of the human body. In addition to this, the entity will research the possibility of stem cells producing the beta cells which in turn will address the insulin production in the human body, thereby treating patients suffering from Type I & II diabetes.**

## **ARTICLE IV SHARES**

The number of shares of stock is:

**One Hundred Thousand (100,000) shares.**

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

**Joseph P. D'Angelo, President and Director  
400 Poinciana Dr.  
Hallandale, FL 33009**

**Margaret Heichberger, Secretary and Director  
400 Poinciana Dr.  
Hallandale, FL 33009**

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and address of the registered agent is:

**Joseph P. D'Angelo  
400 Poinciana Drive  
Hallandale, FL 33009**

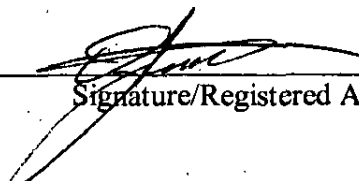
**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

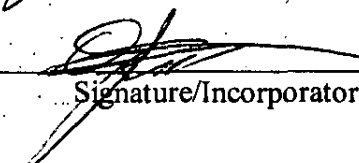
**Joseph P. D'Angelo  
400 Poinciana Dr.  
Hallandale, FL 33009**

\*\*\*\*\*

*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

8/15/2008  
\_\_\_\_\_  
Date

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

8/15/2008  
\_\_\_\_\_  
Date

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