

Division of Corporations
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Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019
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FLORIDA PROFIT/NON PROFIT CORPORATION

AMERICAN MEDICAL OFFICE INC

 Certificate of Status
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 Estimated Charge
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Jun. 29 2009 04:01PM P2 ____

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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.

NEGARY OF STA

ARTICLE I - NAME

The name of the corporation shall be:

AMERICAN MEDICAL OFFICE INC

ARTICLE II - PRINCIPAL OFFICE

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

9835 SN 72 ST #203 MIAHI FL 33173

ARTICLE III - SHARES

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

100

ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ADOLFO P NAQUID 9835 SW 72 ST # 203 MIAMI FL 33173

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FROM:LAZARUS

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ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

ADOLFO P NAQUID 9835 SW 72 ST #203 MIAMI FL 33173

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS

29 DAY OF <u>JUN</u> 2009

SIGNATURE

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

ADDLED P NAQUID PRESIDENT

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

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 POSITIONS AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE