

FROM : LAZARUS
Division of Corporations

FAX NO : 735220144

Aug. 3 2009 07:11PM

P09000065664

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

ADVANCED MEDICAL OFFICE REHABILITATION CORP

Certificate of Status	0
Certified Copy	1
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RECEIVED
DEPARTMENT OF STATE
09 AUG -3 PM 4:16
FILED
2009 AUG -3 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 29, 2009

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Advanced Medical Office rehabilitation, Inc.
Docket No P06000055445

FILED
2009 AUG -3 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Div of Corporations

Please use this letter as confirmation that I, Juan Carlos Perez President and Director of Advanced Medical Office Rehabilitation have no intention whatsoever as to reinstate the aforementioned corporation now or in the future.

Therefore, I have no obligation to relinquish the same corporation.

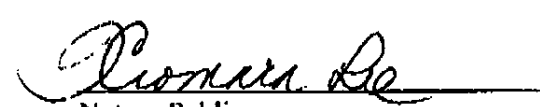
Should you require additional verification or confirmation I can be reached at 786.200.1935.

Appreciatively yours,

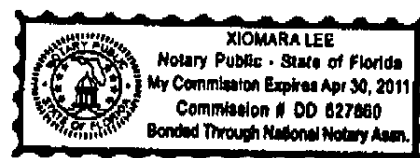
Juan Carlos Perez 

STATE OF Florida
COUNTY OF Miami Dade

Sworn to and subscribed before me this day of July, 20 09 by
Juan carlos Perez who is ~~personally known or~~ produced
Florida Drivers License as identification.


Notary Public

Seal



FROM : LAZARUS

FAX NO. : 3052201440

Aug. 03 2009 03:11PM P2

H09000175078

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:

Advanced Medical Office Rehabilitation CORP

ARTICLE II PRINCIPAL OFFICE

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

6916 NW Mllam Dairy Rd, Miami, FI 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business

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):
Sonia Ramirez-Baez, MD

ARTICLE VI REGISTERED AGENT

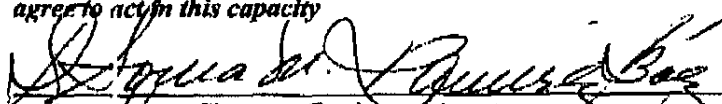
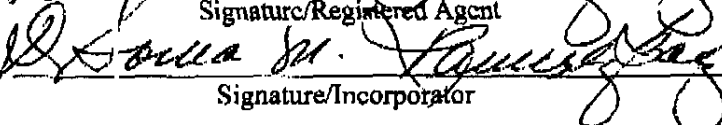
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Sonia Ramlrez-Baez, MD

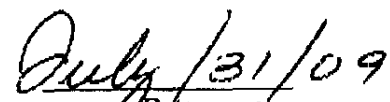
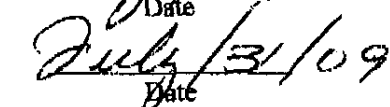
6916 NW 72nd Ave
Miami FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Sonia Ramirez-Baez, MD
6916 NW 72nd Ave
Miami, FI 33166

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


Date

Date

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TALLAHASSEE, FLORIDA