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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MEDIC REVIEW CENTER INC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
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NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2010 JUN -8 AM 11:36

ARTICLES OF INCORPORATION

OF

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:

MEDIC REVIEW CENTER INC

ARTICLE II PRINCIPAL OFFICE

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

11351 ORANGE GROVE BLVD

WEST PALM BEACH FLA 33411

ARTICLE III SHARES

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

1,000 @ \$1.00 each one

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JULIETA C DIAZ

11351 ORANGE GROVE BLVD

WEST PALM BEACH FL 33411

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JULIETA C DIAZ
PRESIDENT/TREASURER 90%

EDUARDO O DIAZ 10%
VICE-PRESIDENT
SECRETARY

BOTH AT:
11351 ORANGE GROVE BLVD
WEST PALM BEACH FL 33411

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28 day of MAY, 2010.

Julieta C. Diaz
Signature

Eduardo Diaz
Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: _____

MEDIC REVIEW CENTER INC

2. The name and address of the registered agent and office is:

JULIETA C DIAZ

(NAME)

11351 ORANGE GROVE BLVD

(P.O. BOX NOT ACCEPTABLE)

WEST PALM BEACH FL 33411

(CITY/STATE/ZIP)

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

Julieta C. Diaz

DATE _____

MAY 28, 2010