

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000238223 3))



H100002382233ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

RECEIVED NOV - 1 2010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
PHYSICIAN'S MULTI-MED M.S.O. INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

FILED
10 NOV - 1 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

10 NOV -1 PM 1:28

H10000238223

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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.

ARTICLE I - NAME

The name of the corporation shall be:

Physician's Multi-Med M.S.O. INC

ARTICLE II - PRINCIPAL OFFICE

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

B: 2525 NW 54 Street, Miami, FL 33142

M: 800 West Avenue Apt 726 Miami Beach, FL
33139.

ARTICLE III - SHARES

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

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Orlando J. Rodriguez
800 West Avenue Apt 726
Miami Beach, FL 33139.

H10000238223

FILED

18 NOV -1 PM 1:28

H10000238223

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Orlando J. Rodriguez
2525 NW 54 Street
Miami, FL 33142

The undersigned incorporator has executed these Articles of Incorporation this

day of _____ 20____


Signature

ARTICLE VI - DIRECTOR(S)

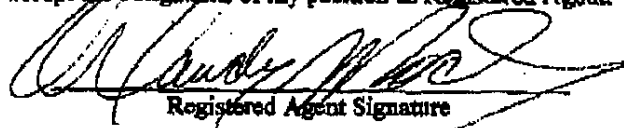
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Mr. Orlando J. Rodriguez C.E.O / President
800 West Ave Apt 726 Miami Beach, FL 3313

Ms. Lourdes Saura S.R.V. President
1092 Bass Point Rd. Miami Springs, FL 3316

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
/REGISTERED OFFICE

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 position as Registered Agent.


Registered Agent Signature

H10000238223