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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ADVANCE MEDICAL LEASING AND RENTAL CENTER, CORP.**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME ADVANCE MEDICAL LEASING AND RENTAL CENTER,
The name of the corporation shall be: **CORP.**

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

5714 IMPERIAL KEY
TAMPA, FL 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**TO LEASE SPACE AND MEDICAL CONSULTING
EQUIPMENT AND ANY OTHER VALID LEGAL
PURPOSE.**

ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND (1000) SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **ALEXIS MACUYA (P.S.D)**
Address: **5714 IMPERIAL KEY
TAMPA, FL 33615**

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **ALEXIS MACUYA**
Address: **5714 IMPERIAL KEY
TAMPA, FL 33615**

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: **ALEXIS MACUYA**
Address: **5714 IMPERIAL KEY
TAMPA, FL 33615**

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

Required Signature/Registered Agent

04-05-2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

04-05-2012
Date

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