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.

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	Division of Corporations	
	Fax Number : (850) 617-6381	
From:		
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number : 12000000019	
	Phone : (305)552-5973 Fax Number : (305)220-1440	
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	report mailings. Enter only one email address please.** Address: FLORIDA PROFIT/NON PROFIT CORPORATION PROMED OF NORTH MIAMI #1 INC. Certificate of Status 0	
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ARTICLES OF INCORPORATION OF

PROMED OF NORTH MIAMI #1 INC.

ARTICLE

THE NAME OF THE CORPORATION IS:

PROMED OF NORTH MIAMI #1 INC.

ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE III

THE MAXIMIM NUMBER OF SHARES OF CAPITOL STOCK THAT THE CORPORATION IS AUTHORIZED TO ISSUE IS 1000 SHARES AT \$1.00 PER VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION WILL BEGIN BUSINESS WITH THE SUM OF \$1,000.00

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXSISTENCE UNLESS SOONER DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMENCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IS THE PRINCIPAL OFFICE OF THE CORPORATION IN THIS STATE SHALL BE:

10824 SW 2ND STREET APT 212 MIAMI FL 33174 US

H12000278209

ARTICLE VII

THE NAME(S) AND STREET ADDRESS (IS) OF THE PERSON SIGNING THESE ARTICLES ARE:

ROBERTO M ECHAVERRY

10824 SW 2ND STREER APT 212 MIAMI FL 33174

ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS CONSISTING OF NOT LESS THAN TWO OR MORE THAN SIX DIRECTORS. THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF TWO DIRECTORS WHOSE NAME AND ADDRES ARE AS FOLLOWS:

ROBERTO M ECHAVERRY

10824 SW 2ND STREET APT 212 MIAMI FL 33174

ARTICLE IX

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE, AND THE NAME OF THE INITIAL REGISTERED AGENT THAT ADDRESS SHALL BE:

ROBERTO M ECHAVERRY

10824 SW 2ND STREET APT 212 MIAMI FL 33174

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 23RD DAY OF NOVEMBER 2012.

ROBERTO M. ECHAVERRY

H12000278209

H12000278209 CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTER OFFICE

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

PROMED OF NORTH MIAMI #1 INC.

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

ROBERTO M ECHAVERRY

Name: 10824 SW 2nd STREET APT 212

> Address: Miami, Florida 33174

City / State / Zip Code

Having been named as registered agent and to accept service of process or the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act I this capacity. I further agree to comply with the provisions of all statutes relating the proper and complete performance o my duties, and I am familiar with and accept the obligations, of my position as registered agent.

Signature

Date: November 22 2012

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