

FLORIDA DEPARTMENT OF STATE
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**FLORIDA PROFIT/NON PROFIT CORPORATION
LOPEZ & ASSOCIATES HEALTH CARE SERVICES CORP**

Certificate of Status	0
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June 5 2013

Florida Department of State

Attention: New Filings Section

To whom it may concern;

This is to advise you that the owners of Lopez & Associates Health Care Services
of Doc # PO7000129936 are the same owners of the attached Corp
articles of incorporation. We have dissolved the company and have no intention
of reopening it. Thank you for your help in this matter.

Very sincerely,

X *Alberto Lopez*

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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:

Lopez & Associates Health Care Services Corp

ARTICLE II - PRINCIPAL OFFICE

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

3383 NW 7th. Suite #100
Miami FL 33125

ARTICLE III - SHARES

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

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alberto C. Lopez
3383 NW 7th Suite #100
Miami FL 33125

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ARTICLE V - INCORPORATOR

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

Alberto C. Lopez
3383 NW 7 ST Suite #100
MIAMI FL 33125

The undersigned incorporator has executed these Articles of Incorporation this
day of _____ 20____

X Alberto C. Lopez
Signature

ARTICLE VI- DIRECTOR (S)The name(s) and street address (es) of the director(s) to these Articles of
Incorporation is (are):

Alberto C. Lopez (P)

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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.

X Alberto C. Lopez
Registered Agent Signature

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