Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.

Account Number : I20110000067
Phone : (786)362-0124
Fax Number : (786)558-4546

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Email	Address:						
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FLORIDA PROFIT/NON PROFIT CORPORATION DIOPSA MEDICAL CENTER CORP.

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L Sureh AUG 2 2 2013

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAI The name of the corpora	tion shall be: DIOPSA MEDICA	L CENTER CORP.		
ARTICLE II PRI	NCIPAL OPFICE Principal street address	Mailing address, if different is:		
Miami Lakes,				
ARTICLE III PUR The purpose for which t	Pose he corporation is organized is: Any an	d all lawful busines	s.	
			AUG 22 CRETARY LAHASSE	
ARTICLE IV SHA The number of shares of	URES Stock is: 100		PH 4: 46 OF STATE E. FLORID	
	TAL OFFICERS AND/OR DIRECTOR P CORDOVI, JUAN CARLOS			
Address	15485 Eagle Nest Lane Miami Lakes, FL 33014	Address:		
Name and Title;		Name and Title:		
Address		Address:		
Name and Title:		Name and Title:		
Address	(Address:		

Name and Title: Address: Address: Address: Address: Address: Address: Address: Address: Address: I ALLAIMS SECRETARY OF STATE Address (P.O. Box NOT acceptable) of the registered agent is: Name: CORDOVI, JUAN CARLOS Address: 15485 Eagle Nest Lane Miami Lakes, FL 33014 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: CORDOVI, JUAN CARLOS	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: CORDOVI, JUAN CARLOS Address: 15485 Eagle Nest Lane Miarmi Lakes, FL 33014 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: CORDOVI, IIIAN CARLOS	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: CORDOVI, JUAN CARLOS	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: CORDOVI, JUAN CARLOS	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: CORDOVI, JUAN CARLOS	
Address: 15485 Eagle Nest Lane Miami Lakes, FL 33014 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	Ξ
The name and address of the Incorporator is:	IL ED
The mame and address of the incorporator is:	D
No CORDOVI, JUAN CARLOS	
14006:	
Address: 15485 Eagle Nest Lane	
Miami Lakes, FL 33014	
Having been named as registeral agent to accept service of process for the above stated corporation at the place designaths conficate, I am familial with and accept the appointment as registered agent and agree to act in this capacity SDDD	ted in
I submit this document and affilm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State Spassifules a third degree felony as provided for in 1817.155, F.S. Required Standard Incorporator Required Standard Incorporator	t in a