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Help

Very sincerely,

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H13000228141 Qth, 2013

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of A&B MEDICAL HEALTH CENTER INC of Doc# P0900047107 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

13 OCT 10 AH II: 40

#0888 P.002/004 No.7414 P. 3

H13000226141

ARTICLES OF INCORPORATION

The undersigned incorporated, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of incorporation.

<u>ARTICLES J - NAME</u>

The name of the corporation shall be

A & B MEDICAL HEALTH CENTER, INC.

ARTICLES 11 - PRINCIPAL OFFICE

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

8660 WEST FLAGER ST STE 120 MIAMI, FL 33144

MAILING ADDRESS 8660 WEST FLAGER ST STE 120 MIAMI, FL 33144

ARTICLES III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA CASANOVA 8660 WEST FLAGER ST STE 120 MIAMI, FL 33144

ARTICLE V - INCORPORATOR

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

MARIA CASANOVA 8660 WEST FLAGER ST STE 120 MIAMI, FL 33144



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H13000226141

The undersigned incorporator has executed these Articles of incorporation this 09TH day of OCTOBER 2013.

TABLE OF STATE
Signature
Signature

ARTICLE VI - DIRECTOR(S)

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

MARIA CASANOVA PRESIDENT 8660 WEST FLAGER ST STE 120 MIAMI, FL 33144

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 may position as Registered Agent

Registered Agent Signature