

APR/01/2014 FRI 03:33 PM

Page No.

001

P14000029401

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H14000077861 3)))



H140000778613AECI

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

2014 APR - 1 PM 12: 30
FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

14 APR - 1 PM 3: 20

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
ADVANCED MEDICAL OF DORAL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

VH

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2014 APR -1 PM 12:30

ARTICLE I NAME

The name of the corporation shall be: ADVANCED MEDICAL OF DORAL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9300 NW 25 STREET
STE: 209
DORAL, FL 33172

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful buisness

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YURELIS VALERON (P/D) Name and Title: _____

Address: 9300 NW 25 STREET Address: _____
STE: 209
DORAL, FL 33172

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2014 APR -1 PM 12: 30

(cont.)

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

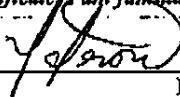
Name: YURELIS VALERON
 Address: 9300 NW 25 STREET STE: 209
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: YURELIS VALERON
 Address: 9300 NW 25 STREET STE: 209
MIAMI, FL 33172

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

03/31/2014
 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

03/31/2014
 Date