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6/29/2014

P. 01/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
GENERAL HEALTH MEDICAL GROUP, INC.

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

MD 5/30

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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:

General Health Medical Group, inc

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14 MAY 29 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - PRINCIPAL OFFICE

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

85 Grand Canal Dr #104 Miami FL 33144

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:

Silvio Montes Estevez

85 Grand Canal Dr #104 Miami FL.
33144.

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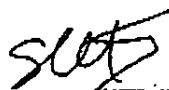
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ARTICLE V - INCORPORATOR

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

SILVIO Montes ESTEVEZ
85 Grand Canal Dr.
#104 Miami FL 33144

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



Signature

ARTICLE VI- DIRECTOR (S)

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

Silvio Montes Estevez P.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY 29 PM 12:47

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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.



Registered Agent Signature

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