

07/07/2002 11:49

#1197 P.001/003

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
SOUTH FLORIDA ALL MEDICAL SERVICES, INC

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

B 8/27/14

RECEIVED
TALLAHASSEE, FLORIDA

14 AUG 26 PM 3:39

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**ARTICLE I NAME:** The name of the corporation is:South Florida All Medical Services,
Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1409 SW 154 CT
MIAMI FL 33194**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Maybis Campoalegre (P)

AUG 26 PM 1:10

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Maybis Campoalegre
1409 SW 154 CT
MIAMI FL 33194**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Maybis Campoalegre
1409 SW 154 CT
MIAMI FL 33194

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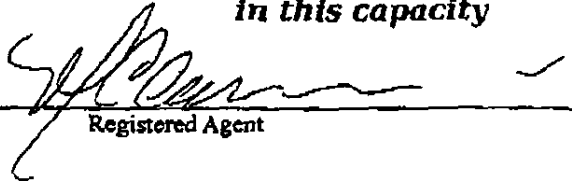
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Required Signatures:

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

 08/26/14
Registered Agent 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 9.817.155, F.S.

 08/26/14
Incorporator Date

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