

P17000019594

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.

(((H17000054801 3)))



H170000548013ABC-

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

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PARMED MEDICAL INC.**

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

MAR 03 2017

A. SCOTT

17 MAR -2 PM 4:46

FLORIDA STATE
DIVISION OF CORPORATIONS

RECEIVED
MAR 03 2017

MAR/03/2017/FRI 11:20 AM

FAX No.

P.002

850-617-6381

3/1/2017 12:11:08 PM PAGE 1/001 Fax Server



March 1, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS CORPORATE FILING

SUBJECT: PARMED MEDICAL INC
REF: W17000017435

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H17000054801
Letter Number: 917A00003920

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: PARMED MEDICAL INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6850 CORAL WAY STE: 208MIAMI, FL 33155**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

PODIATRIC SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ROBINSON (ROY) CUETO (P/D)

Name and Title: _____

Address 6850 CORAL WAY STE: 208

Address: _____

MIAMI, FL 33155Name and Title: MERCEDES CORZO (V/D)

Name and Title: _____

Address 6850 CORAL WAY STE: 208

Address: _____

MIAMI, FL 33155

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

17/03/2017 PM 4:46
NOTARIAL PUBLIC
STATE OF FLORIDA

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MERCEDES CORZO
Address: 6850 CORAL WAY STE: 208
MIAMI, FL 33155

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MERCEDES CORZO
Address: 6850 CORAL WAY STE: 208
MIAMI, FL 33155

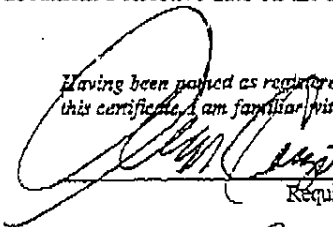
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

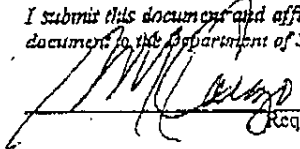
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 Agent2-15-17
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/Incorporator2-15-17
Date