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.

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To:		٠.
	Division of Corporations	
	Fax Number : (850)617-6381	
From:		
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number : I2 000000000 19	•
	Phone : (305)552-5973	-
	Fax Number : (305)675-5944	
**Enter an	the email address for this business entity to be used for mual report mailings. Enter only one email address please	r future

FLORIDA PROFIT/NON PROFIT CORPORATION RBF MEDICAL SERVICES, INC

Certificate of Status	0
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is: ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 55 NW 102-10 AVE SUITE 100-A ARTICLE IU SHARES: The number of shares of stock is: / 00 ARTICLE V INITIAL REGISTERED AGENT AND STREET A DIDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: INCORPORATOR: The name and address of the Incorporator is: ARTICLE VI

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

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 s.817.155, F.S.

Incorporator