01/30/2013 23:09

Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**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 PERDOMO MEDICAL SERVICES, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
LEVED MEDICAL SERVICES, INC.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
1760 1774 ST SW NAPLES FL 34117	
ARTICLE III SHARES: The number of shares of stock is:()	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE IS:	
2024 FEB	· . د
	2 - १८ ज्य - पूर्व
ARTICLE V INITIAL REGISTERED AGENT AND STREET ALDRESS: W	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
1960 1771 5T SW NAPLES FL 34117	
NAPLES FL 34117	
ARTICLE VI INCORPORATOR: The name and address of the Incomporator is:	
1760 17TH ST SW	
NAPLES FL 34117.	

Required Signatures:

3052201440

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

X Registered Agent

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 Cate