

# P95000000508

CORPORATE CREATIONS MIA. 3055300994

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1/03/95

FLORIDA DIVISION OF CORPORATIONS

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((H95000000063))

TO: DIVISION OF CORPORATIONS

FROM: CORPORATE CREATIONS MIAMI

DEPARTMENT OF STATE

4437 SHERIDAN AVE

STATE OF FLORIDA

MIAMI BEACH FL 33140-0000

409 EAST GAINES STREET

CONTACT: JOSEPH MATA

TALLAHASSEE, FL 32399

PHONE: (305) 538-9091

FAX: (904) 922-4000

FAX: (305) 538-8994

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: MENS MEDICAL SERVICES OF AMERICA INCORPORATED

FAX AUDIT NUMBER: H95000000063

CURRENT STATUS: REQUESTED

DATE REQUESTED: 01/03/1995

TIME REQUESTED: 16:30:59

CERTIFIED COPIES: 0

CERTIFICATE OF STATUS: 1

NUMBER OF PAGES: 4

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ACCOUNT NUMBER: 075114001215

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

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\*\* ENTER 'M' FOR MENU. \*\*

ENTER SELECTION AND <CR>:

M. BRIM JAN 4 1995

EFFECTIVE DATE

1-3-95

FILED

95 JAN -4 11:11

FLORIDA DIVISION OF CORPORATIONS

95 JAN -4 AM 9:47

RECEIVED

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EFFECTIVE DATE  
1-3-95

Articles of Incorporation  
of  
Men's Medical Services of America Incorporated

Article I. Name

The name of this Florida corporation is Men's Medical Services of America Incorporated

Article II. Address

The mailing address of the Corporation is:

Men's Medical Services of America Incorporated  
409 West Hallandale Beach Blvd, Suite 200  
Hallandale, FL 33009

Article III. Capital Stock

The Corporation shall have the authority to issue 10,000 shares of common stock, par value \$.05 per share.

Article IV. Registered Agent

The name and address of the registered agent of the Corporation is:

Corporate Creations Enterprises Inc.  
4521 PGA Boulevard, Suite 211  
Palm Beach Gardens, FL 33418

Article V. Board of Directors

The affairs of the Corporation shall be managed by a Board of Directors consisting of no less than one director. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of the

Corporate Creations Miami Inc.  
4437 Sheridan Avenue  
Miami Beach, FL 33140  
(305) 538-9091

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Corporation. The election of directors shall be done in accordance with the Bylaws. The directors shall be protected from personal liability to the fullest extent permitted by law. The name of each initial member of the Corporation's Board of Directors is:

John R. Marino  
Samir H. Faraj

Article VI. Incorporator

The name and address of the incorporator is:

Corporate Creations Miami Inc.  
4437 Sheridan Avenue  
Miami Beach, FL 33140

Article VII. Corporate Existence

The corporate existence of the Corporation shall begin effective as of January 3, 1995.

The authorized representative of the incorporator executed these Articles of Incorporation on January 3, 1995.

Corporate Creations Miami Inc.

By: Joseph P. Mata  
Joseph P. Mata, Secretary

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Corporate Creations Miami Inc.  
4437 Sheridan Avenue  
Miami Beach, FL 33140  
(305) 538-9091

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

**CORPORATION:**  
Men's Medical Services of America Incorporated

**REGISTERED AGENT:**  
Corporate Creations Enterprises Inc.  
4521 PGA Boulevard, Suite 211  
Palm Beach Gardens, FL 33418

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95 JAN -4 AM 11:11  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
PALM BEACH COUNTY, FLORIDA

I agree to act as registered agent to accept service of process for the corporation named above at the place designated in this Certificate. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

Corporate Creations Enterprises Inc.

Joseph P. Mata  
Johnny C. Rodriguez, Vice President  
By: Joseph P. Mata as Attorney in Fact

Date: January 3, 1995

Corporate Creations Miami Inc.  
4437 Sheridan Avenue  
Miami Beach, FL 33140  
(305) 538-9091

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**Men's Medical Service  
of America, Inc.**

409 W. Hallandale Beach Blvd., Suite 200  
Hallandale, FL 33009-5301 USA

OFFICE USE ONLY

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-07/07/95--01085--012  
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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_

☐ Certified Copy

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☐ Certificate of Status

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TALLAHASSEE-FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*PA 6/21*  
*\$20 fee*  
*6/21*

Examiner's Initials \_\_\_\_\_



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

**June 21, 1995**

**MEN'S MEDICAL SERVICE OF AMERICA, INC.**  
**409 W. HALLANDALE BEACH BLVD.**  
**SUITE 200**  
**HALLANDALE, FL 33009-5301**

**SUBJECT: MEN'S MEDICAL SERVICES OF AMERICA INCORPORATED**  
**Ref. Number: P9500000508**

We have received your document for MEN'S MEDICAL SERVICES OF AMERICA INCORPORATED and check(s) totaling \$15.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$20.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6880.

**Karen Gibson**  
Corporate Specialist

**Letter Number: 295A00030466**

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT  
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: MEN'S MEDICAL SERVICES OF AMERICA INCORPORATED

1b. The mailing address of the corporation is: 409 W. Hallandale Bch. Blvd., Suite 200  
Hallandale, Florida 33009

1c. Date of incorporation: 1/4/95 Document number: P 000000508

2. The name and address of the current registered agent and office:

Corporate Creations Enterprises, Inc.

4521 PGA Blvd., Suite 211

Palm Beach Gardens, Fl 33418

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

John R. Marino

409 W. Hallandale Bch. Blvd., Suite 200

Hallandale, Florida 33009

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

  
(Signature of an officer, chairman or vice chairman of the board)

John R. Marino

(Printed or typed name and title)

6/12/95

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

  
(Signature of Registered Agent)

6/12/95

(Date)