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TRANSMITTAL LETTER

FILED

95 MAY 23 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

500001480155  
-05/09/95--01024--013  
\*\*\*\*122.50 \*\*\*\*122.50

PRO-MED HEALTH CENTER, INC.

SUBJECT: \_\_\_\_\_  
(Proposed Corporate name - must include suffix)

Enclosed is an original and (1) copy of the articles of incorporation and a check  
for:

_____ \$70.00	_____ \$78.75	<u>X</u> _____ \$122.50	_____ \$131.25
Filing fee	Filing fee & Certificate	Filing fee & Certified Copy	Filing fee, Certified copy & Certificate

FROM: J. ISABEL MONTANO  
\_\_\_\_\_  
Name (printed or typed)  
1840 S.W. 92nd PLACE  
\_\_\_\_\_  
Address  
MIAMI, FLORIDA 33165  
\_\_\_\_\_  
City, State & Zip  
(305) 559 - 0409  
\_\_\_\_\_  
Daytime Telephone Number

NOTE: Please provide the original and one copy of the articles.

PA6 5-23  
was-9920  
611



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

May 10, 1995

**J. ISABEL MONTANO**  
1840 S.W. 92ND PLACE  
MIAMI, FL 33165

**SUBJECT: PRO-MED HEALTH CENTER, INC.**  
**Ref. Number: W95000009920**

We have received your document for PRO-MED HEALTH CENTER, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 487-6973.

**AMANDA HERRING**  
Document Specialist

Letter Number: 095A00023722

**ARTICLES OF INCORPORATION**

**FILE**  
95 MAY 23 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

PRO-MED HEALTH CENTER, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

1111 S.W. 8th STREET - SUITE 203  
MIAMI, FLORIDA 33130

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES  
PAR - \$ 1.00 (ONE DOLLAR)

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

J. ISABEL MONTANO  
1840 S.W. 92nd PLACE  
MIAMI, FLORIDA 33165

**ARTICLE V CORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

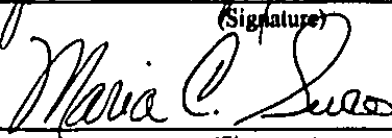
J. ISABEL MONTANO - 1840 S.W. 92nd PLACE, MIAMI, FL 33165

MARIA C. SUCO - 7220 S.W. 19th TERRACE, MIAMI, FL 33155

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4th day of MAY, 1995.

  
\_\_\_\_\_  
(Signature)

  
\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

**Articles of Incorporation  
Filing Fee - \$35**

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

PRO-MED HEALTH CENTER, INC.

1. The name of the corporation is : \_\_\_\_\_

1111 S.W. 8th STREET, SUITE 203, MIAMI, FL 33136

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

J. ISABEL MONTANO

\_\_\_\_\_  
(Name)

1840 S.W. 92nd PLACE

\_\_\_\_\_  
(P.O. Box not acceptable)

MIAMI, FLORIDA 33165

\_\_\_\_\_  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Signature)

5/22/95  
(Date)

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TALLAHASSEE, FLORIDA  
MAY 23 PM 1:44

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