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95 JUN -6 PM 3:22

SECRET  
TALLAHASSEE

US CORPORATE INDUSTRIES, INC.  
(Requestor's Name)

1.W. 87 AVENUE, SUITE: 16  
(Address)

, FLORIDA 33174 (305)552-5973  
(City, State, Zip) (Phone #)

REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

385-6715

ORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

AMA MEDICAL CORP.

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

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(Corporation Name)

(Document #)

Walk in



Pick up time

2:00



Certified Copy

Mail out



Will wait



Photocopy



Certificate of Status

W FILINGS

Profit
Liability
Registration

AMENDMENTS

Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

IER FILINGS

Report
us Name
Reservation

REGISTRATION/  
QUALIFICATION

Foreign
Limited Partnership
Reinstatement
Trademark
Other

NANCY HENDRICKS JUN - 6 1995

Examiner's Initials

**ARTICLES OF INCORPORATION  
OF**

**AMA MEDICAL CORP.**

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:

**AMA MEDICAL CORP.**

**ARTICLE II: PRINCIPAL OFFICE**

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

4340 E 8th Lane  
Hialeah, Fl 33013

**ARTICLE III: CAPITAL STOCK**

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

500

**ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS**

The name and address of the initial registered agent is:

AMAURYS LANTIGUA  
4340 E 8th Lane  
Hialeah, Fl 33013

**ARTICLE V: INCORPORATOR(S)**

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

AMAURYS LANTIGUA  
4340 E 8th Lane  
Hialeah, Fl 33013

We the undersigned has (have) executed these Articles of

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ALL

Incorporation this 25 day of May, 1995.

  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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

Pursuant to the provisions of Section 607.325, 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.

1. The name of the corporation is:


AMA MEDICAL CORPORATION

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

Amaurys Lantigua  
4340 E 8th Lane  
Hialeah, Fl 33013

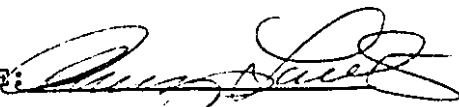
SIGNATURE: 

(Corporate Officer)

TITLE: 

DATE: 5/25/95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: 

DATE: 5/25/95

REGISTERED AGENT FILING FEE: \$20.00