

PA 5000049845
TRANSMITTAL LETTER

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

3000001522729
06/26/95--01024--018
*****78.75 *****78.75

SUBJECT: HEALTH PROMOTION INDEPENDENT DIAGNOSTIC INC.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Please return the photocopy to me with the filing date stamped on it.

FROM: HEALTH PROMOTION INDEPENDENT DIAGNOSTIC INC.
Name (printed or typed)

600 PALM AVE. SUITE C1
Address

HEALEY, FLA. 33010
City, State & Zip

(305) 863-1844
Daytime Telephone Number

6/26/95



**ARTICLES OF INCORPORATION
OF**

"HEALTH PROMOTION INDEPENDENT DIAGNOSTIC INC."

95 JUN 23 AM 7:43
SECRET
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the corporation shall be Health Promotion Independent Diagnostic Inc., for convenience the corporation shall be referred to in this instrument as the corporation. The principal place of business of this corporation shall be 600 Palm Ave. Suite C-1, Hialeah, FL 33010.

ARTICLE II

The nature of business of this corporation is to engage in or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or and other state, county, territory or nation.

ARTICLE III

The maximum number of shares that this corporation is authorized to issue are 10,000 of common stock with no stated value (no-par value).

ARTICLE IV

The registered agent and his/her address is listed in the registered agent sheet enclosed.

ARTICLE V

The corporation is to exist perpetually.

ARTICLE VI

The initial Board of Directors shall have 1 director originally whose name and address is as follows:

Carlos Medina
700 SW 63rd Avenue
Miami, FL 33144

ARTICLE VII

The incorporator of this corporation and street address is:

Carlos Medina
700 SW 63rd Avenue
Miami, FL 33144

Dated

June 13, 1995



Incorporator

REGISTERED AGENT SHEET

The registered agent of the corporation is Carlos Medina and the registered agent address is 700 SW 63rd Avenue, Miami, FL 33144.

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 am familiar with and accept the obligations of my position as registered agent.

Dated

June 13, 1995



Registered Agent

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000049845**

1. Corporation Name

HEALTH PROMOTION INDEPENDENT DIAGNOSTIC INC.

Principal Place of Business

**600 PALM AVENUE STE C-1
HIALEAH FL 33010**

Mailing Address

**600 PALM AVENUE STE C-1
HIALEAH FL 33010**

FILED

96 SEP 30 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



500001976745--3
-10/16/96--01046--014
****375.00 ****375.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

4294 Palm Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4294 Palm Avenue

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1995

5. FEI Number

65-0592270

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

HIALEAH - FLORIDA

Zip **33012**

Country **USA**

City & State

hialeah - FLORIDA

Zip **33012**

Country **USA**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	MEDINA, CARLOS	700 SW 63RD AVENUE	MIAMI FL 33144
		Change of address: 1082 SW 142 CT= Miami - Florida - 33184	

9/27/96

REINSTATEMENT

8. Name and Address of Current Registered Agent

**MEDINA, CARLOS
700 SW 63RD AVENUE
MIAMI FL 33144**

9. Name and Address of New Registered Agent

Name **Carlos Medina**
Street Address (P.O. Box Number is Not Acceptable)
1082 SW 142 CT
Suite, Apt. #, Etc.
City **Miami** State **FL** Zip Code **33184**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **9/27/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Carlos Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/96

Date

Daytime Phone #

CR20040 (7/96)