

# P95000057057

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95 JUL 24 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LAZARUS

(Requestor's Name)

890 S.W. 87 Ave Suite 14

(Address)

LlIam, Fl: 33174 305-552-5973

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

800001546498  
-07/26/95--01049--016  
\*\*\*122.50 \*\*\*122.50

**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  
 Mail out   
  Will wait   
  Photocopy   
  Certificate of Status

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

Examiner's Initials HA 72495



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

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95 JUL 24 PM 4: 18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 28, 1995

LINARES MEDICAL SERVICE, INC.  
13645 S.W. 26th St.  
Miami, FL 33184

SUBJECT: LINARES MEDICAL SERVICES, INC.  
Ref. Number: P94000020749

The above named corporation was "Cancelled for Non-Payment" on June 7, 1994. Since the corporation has been cancelled for a period of more than 60 days, it cannot be reactivated. Therefore, we are returning your check for \$225.00.

New articles of incorporation and a check for \$122.50 must be submitted to this office for filing. The document may be submitted under the same name providing the name is still available.

To check for the availability of a corporate name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6900.

Lyn Turley  
Assistant Bureau Chief

Letter Number: 295A00031681

95 JUL 24 PM 11: 31  
DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION**

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95 JUL 24 PM 4:18

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:

*Linares Medical Services, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

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

*9252 Bird Road  
Miami, FL 33165*

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: *500 shares of a par value of \$1.00 per share.*

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

The name and address of the initial registered agent is:

*ARMANDO RIBAS  
9252 Bird Road  
Miami, FL 33165*

**ARTICLE V INCORPORATOR(S)**

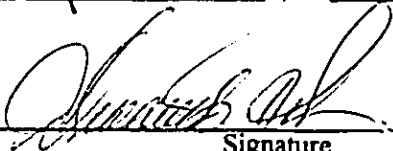
**See instructions for officers/directors**

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

ARMANDO RIBAS  
9252 BIRD ROAD  
MIAMI, FL 33165

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

17<sup>th</sup> day of July, 19 95.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1. The name of the corporation is: Linares Medical Services, Inc.

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

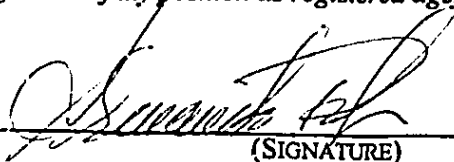
Armando Ribas  
(NAME)

9252 Bird Road  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, FL 33165  
(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

x   
(SIGNATURE)

7/17/95  
(DATE)