# P96000046806

# TRANSMITTAL LETTER

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Divisi	lon of (	Colbo	orations
<u>P. Q.</u>	Box 63	127	
Tallat	1855 <del>00</del> ,	FL 3	2314

200001941612 -05/29/96--01002--017 \*\*\*\*131.25 \*\*\*\*131.25

SOBJECT:WORLD(F	roposed corporate	name - must include suffix)		
Enclosed is an origina for :  \$70.00  Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 X \$131.25  Filing Fee Filing Fee, & Certified Copy & Certificate  Additional Copy Required	and a check	
FROM:		Mendez, M.D. (printed or typed)	96 HAY 28 SECRETAR TALLAHASS	773
	5661 Pin	e Tree Drive	728 THAS	en preparati Till Link College Till Link College
		Address	PH SEE.	[all]
	Miami Be	ach, Florida 33140	6175 1.517 9:9	120
	C	ty, State & Zip	06 TATE ORIDA	
	(305)585	-2465		
	Davtime	Telephone number		

TMO

B. REGISTER JUN 3 1996.

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

#### ARTICLES OF INCORPORATION

OF

# WORLD MEDICAL ENTERPRISES, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I

# Name

The name of the corporation is:

WORLD MEDICAL ENTERPRISES, INC.

#### **ARTICLE II**

Principal Office

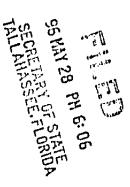
The initial principal office of the corporation shall be:

5661 Pine Tree Drive Miami Beach, Florida 33140

#### ARTICLE III

#### <u>Duration and Commencement of Existence</u>

The duration of the corporation is perpetual. The corporate existence of the corporation shall commence at the time of filing these Articles of Incorporation by the Department of State of the State of Florida.



### ARTICLE IV

# Purpose and Powers

The corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under the Florida Business Corporation Act and under the laws of any jurisdiction in which the corporation may operate. The corporation shall have all lawful powers necessary or appropriate to conduct such business including but not limited to, all corporate powers which corporations may have under the Florida Business Corporation Act.

#### **ARTICLE V**

## **Authorized Shares**

The aggregate number of shares which the corporation shall have authority to issue is one million (1,000,000) shares.

# **ARTICLE VI**

# Registered Agent

The name and street address of the corporation's initial registered agent is:

Federico Miethe 10261 East Bay Harbor Drive Apt. 2 Miami, Florida 33154

#### **ARTICLE VII**

#### Board of Directors

The number of directors constituting the initial board of directors is one. Thereafter, the number of directors shall be as provided in the bylaws. The name and street address of each person which is to serve as a member of the initial board of directors is:

Mario A. Mendez, M.D. 5661 Pine Tree Drive Miami Beach, Florida 33140

# ARTICLE VIII

# Incorporators

The name and street address of the incorporator is:

Mario A. Mendez, M.D. 5661 Pine Tree Drive Miami Beach, Florida 33140

The undersigned incorporator has executed these Articles of Incorporation this 22nd day of May, 1996.

Signature

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# 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:

WORLD MEDICAL ENTERPRISES, INC.

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

Federico Miethe 10261 East Bay Harbor Drive Apt. 2 Miami, Florida 33154



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

\_Signature

Date