

P96000054592

TRANSMITTAL LETTER

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

100001876381  
-06/26/96--01077--014  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: PLANET AMBULATORY MEDICAL SERVICES 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

Additional Copy Required

FROM: OMAR A. MARTE  
Name (printed or typed)

8801 FONTAINEBLEAU BOULEVARD APT#310  
Address

MIAMI FLORIDA 33172  
City, State & Zip

(305) 552-8131  
Daytime Telephone number

FILED  
96 JUN 25 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

6-26-96  
KFR

## ARTICLES OF INCORPORATION

*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.*

FILED  
96 JUN 25 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

PLANET AMBULATORY MEDICAL SERVICES INC.

### ARTICLE II PRINCIPAL OFFICE

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

PLACE OF BUSINESS

147 ALHAMBRA CIRCLE SUITE # 120  
CORAL GABLES , FLORIDA 33134

MAILING ADDRESS : 8801 FONTAINEBLEU BLVD APT # 310  
MIA FL.33172

### ARTICLE III SHARES

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

100 AT NO PAR VALUE

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

OMAR A. MARTE

8801 FONTAINEBLEAU BOULEVARD APT.#310

MIAMI FLORIDA 33172

**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):

OMAR A. MARTE

8801 FONTAINEBLEAU BOULEVARD APT.#310

MIAMI FLORIDA 33172

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

19 day of JUNE, 19 96.

(An additional article must be added if an effective date is requested.)



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**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.

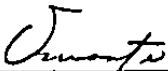
1. The name of the corporation is: PLANET AMBULATORY MEDICAL SERVICES INC.

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

OMAR A. MARTE  
(NAME)  
147 ALHAMBRA CIRCLE SUITE #120  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
MIAMI, FLORIDA 33134  
(CITY/STATE/ZIP)

FILED  
95 JUN 25 PM 4:15  
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.*

  
(SIGNATURE)

06-19-96  
(DATE)