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TRANSMITTAL LETTER

SEP -3 PM 2:42

TALLAHASSEE, FLORIDA

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

SUBJECT: C & R MEDICAL SERVICES RESPONSE, INC.
(Proposed corporate name- must include suffix)

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

(x) \$70.00 () \$78.75 () \$122.50 () \$131.25

300001939103
-09/04/96--01176--003
*****70.00 *****70.00

FROM: CAMILO SUASTEGUI
Name (printed or typed)
291 WEST PARK DRIVE, UNIT-204
Address
MIAMI, FL 33172
City, State & Zip
(305) 221-2188
Daytime Telephone Number

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

OK kls
9/11

ARTICLES OF INCORPORATION

FILED
95 SEP -3 PM 2:42
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:

C & R MEDICAL SERVICES RESPONSE, INC.

ARTICLE II PRINCIPLE OFFICE

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

291 WEST PARK DRIVE, UNIT-204, MIAMI, FL 33172

ARTICLE III SHARES

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

10,000 SHARES IRC SECT. 1244 SMALL BUSINESS STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CAMILO SUASTEGUI
291 WEST PARK DRIVE, UNIT-204
MIAMI, FL 33172

ARTICLE V INCORPORATOR(S)

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

CAMILO SUASTEGUI and,

REINA SUASTEGUI

291 WEST PARK DRIVE, UNIT-204
MIAMI, FL 33172

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
NINETEEN AUGUST
_____ day of _____, 1996.


Signature


Signature

-----o0o-----

Signature

11/11/02
11/11/02
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: C & R MEDICAL SERVICES RESPONSE, INC.

2. The name and address of the registered agent and office is:
CAMILO SUASTEGUI
291 WEST PARK DRIVE, UNITE-204
(P.O. Box not acceptable)
MIAMI, FL 33172
(City/ State/ Zip)

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.

Camilo R. Suastegui
(Signature)

Camilo R. Suastegui