P97000065628

7/24/97

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

12:17 PM

(((H97000012092 7)))

TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ PHONE: (305) 599-0839

FAX #: (305)716-0346

NAME: MEDCOR, INC. AUDIT NUMBER..... H97000012092

DOC TYPE......FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 3 DEL.METHOD.. FAX

CERT. COPIES.....1

EST. CHARGE. . \$122.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

FILED

97 JUL 29 AN 8: 02

SECRETARY OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BC 7/20



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 25, 1997

FAS-T CORP. AGENTS, INC.

SUBJECT: MEDCOR, INC. REF: W97000017139



We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6067.

Neysa Culligan Document Specialist FAX Aud. #: H97000012092 Letter Number: 297A00037639

H97000012092

ARTICLES OF INCORPORATION OF

INDEPENDENT MED. INC.



The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: INDEPENDENT MED. INC.

The principal place of business of this corporation shall be: 14860 S.W 151st Terrace Miami, Florida 33 196

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:
500 shares, Common Stock, \$1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Sergio de Varona, CPA.
Address: 8260 W. Flagler St, Suite 1-L
Miami, FL 33144
Telephone: (305) 551-9795

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

NAME

TITLE

ADDRESS

Maria M. Villanueva

President

14860 SW 151st Terr

Mlami, FL 33196

ARTICLE VI INCORPORATORS

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation, and the number of shares that each agree to take is(are) as follows:

NAME

ADDRESS

SHARES

VALUE:

Maria M. Villanueva 14860 SW 151st Terr Miami, FL 33196

100

5100.0Q

IN WITNESS WHERE OF, the undersigned incorporator(s) has(liave) executed these Articles of incorporation this 22nd day of July 1997.

Signature(s) of Incorporator(s)

Macia Mullanur



CERTIFICATE OF DESIGNATION 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: INDEPENDENT MED. INC.
- The name and address of the registered agent and office is:
 Maria M. Villanueva 14860 SW 151st Terr. Miami, FL 33196

Signature meun MUManue		
Title	President	
Date	7-22-95	. •

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 agreed to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

man mellonion

H97000012092