

Zunilda Mederos
36 NW 109 Place
Miami - FL 33172

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Office Use Only

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

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TALLAHASSEE, FLORIDA

RM 1/2/98

ARTICLES OF INCORPORATION

OF

ASSOCIATES IN MEDICAL MANAGEMENT, INCORPORATED

THE UNDERSIGNED SUBSCRIBERS to these Articles of Incorporation, each a natural person competent to contract, hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I NAME

The name of this corporation is: ASSOCIATES IN MEDICAL MANAGEMENT, INCORPORATED.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this Corporation shall be: 36 N.W. 109 Pl. Miami, Fl. 33172.

ARTICLE III PURPOSES

The specific purposes for which the corporation is organized are:

A. To engage in every aspect and phase of the management of medical practice including but not limited to billing and collections.

B. To conduct business in, have one or more offices in, and buy, hold mortgage, sell, convey, lease or otherwise dispose of real and personal property, including franchises, patents, copyrights, trademarks, and licenses, in the State of Florida, and in all other States and Countries.

C. To contract debts and borrow money, issue and sell or pledge bonds, debentures, notes and other evidence of indebtedness and execute such mortgages, transfers of corporate property or other instruments to secure the payment of corporate indebtedness as required.

D. To purchase the corporate assets of any other corporation and engage in the same or other character of business.

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E. To guarantee, endorse, purchase, hold, sell, transfer mortgage, pledge or otherwise acquire or dispose of the capital stock of, or any bonds, securities or other evidence of indebtedness created by any other corporation of the State of Florida or any other state or government, of the State of Florida or any other state or government, and while owners of such stock exercise all of the rights, powers and privileges of ownership, including the right to vote such stock.

F. To manufacture, purchase, or otherwise acquire, own, mortgage, pledge, sell, assign, and transfer or otherwise dispose of, to invest, trade, deal in and deal with, goods, wares and merchandise and real and personal property of every class and description.

G. To avail itself of all corporate powers as provided in Section 617.0302, Florida Statutes.

ARTICLE IV CAPITAL STOCK

The maximum number of shares of stock that this company is authorized to have outstanding at any one time is: ONE HUNDRED (100) shares of ONE (\$1.00) DOLLAR.

ARTICLE V INITIAL CAPITAL

The amount of capital with which this corporation will begin business is not less than ONE HUNDRED (\$100.00) DOLLARS.

ARTICLE VI

This corporation is to exist perpetually.

ARTICLE VII

The name and the street address of the initial registered agent is: Zunilda Mederos, 36 N.W. 109 Pl. Miami, Fl. 33172.

ARTICLE VIII

This corporation shall have One (1) director(s) initially. The number of directors may be elected, appointed, increased or diminished from time to time, pursuant to the by laws adopted by the stockholders, provided however, that the number of directors shall never be less than One (1).

**ARTICLE IX
INITIAL DIRECTORS**

The names and post office addresses of the members of the first Board of Directors are:

NAME	ADDRESS
Zunilda Mederos	36 N.W. 109 Pl. Miami, Florida 33172

**ARTICLE X
INCORPORATORS**

The name(s) and the street addresses of the incorporator(s) for these Articles of Incorporation is/are:

NAME	ADDRESS
Zunilda Mederos	36 N.W. 109 Pl. Miami, Florida 33172

**ARTICLE XI
AMENDMENT**

These Articles of Incorporation may be amended in the manner provided by Florida Statutes. Every amendment shall be approved by the Board of Directors, proposed by them to the shareholders and approved at a shareholders meeting by a majority of the shareholders entitled to vote thereon, unless all the directors and all the shareholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the subscribed incorporators have hereunto set their hands and seals, and caused these Article of Incorporation to be executed this 28 day of DECEMBER 1997

Zunilda Mederos
Zunilda Mederos, Incorporator

STATE OF FLORIDA)

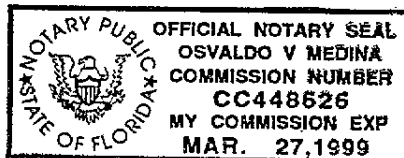
COUNTY OF DADE)

BEFORE ME, the undersigned authority, this day personally appeared Zunilda Mederos, Known to me to be the person(s) who executed the foregoing Articles of Incorporation of ASSOCIATES IN MEDICAL MANAGEMENT, INCORPORATED., and acknowledged before me that she executed the same for the purposes therein expressed, and who is personally known to me and/or has produced FLORIDA DRIVER LICENSE, as identification and who did _____ take an oath.

WITNESS my hand and official seal at Miami, Dade County, Florida, this 28TH day of DECEMBER 1997

Osvaldo V. Medina
NOTARY PUBLIC

My commission Expires:



**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:

ASSOCIATES IN MEDICAL MANAGEMENT, INCORPORATED.

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

Zunilda Mederos
36 N.W. 109 Pl.
Miami, Florida 33172

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.

Zunilda Mederos
Zunilda Mederos

Date: 12/28/97

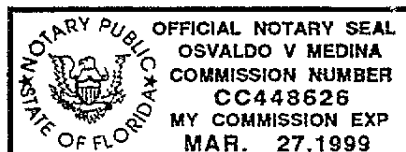
STATE OF FLORIDA)

COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 28th day of DECEMBER, 1997, by Zunilda Mederos, as registered agent of ASSOCIATES IN MEDICAL MANAGEMENT, INCORPORATED., who is personally know to me or who has produced Florida Driver's License as identification and who did _____ take an oath.

Osvaldo V. Medina
NOTARY PUBLIC

My Commission Expires:



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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