# P98000099007

November 20, 1998

Yadvindera S. Bains M.D. 7601 E. Treasure Drive #2117 North Bay Village, FL 33141 (305) 867-3185

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 300002693343--9 -11/23/98--01032--003 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

Ladies and Gentlemen:

Enclosed are the articles of incorporation of this corporation, and a check for \$78.75 to cover the filing fees and a Certificate of Status.

Please file these articles as needed.

Sincerely,

Yadvindera S. Bains M.D.

98 NOV 23 AM 9: 02

DMC 25,98

## FILED

#### ARTICLES OF INCORPORATION

98 NOV 23 AH 9: 02

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE I NAME

The name of the corporation shall be:

ALWAYS AVAILABLE MEDICAL SERVICES, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

7601 E. TREASURE DRIVE. # 2117 NORTH BAY VILLAGE, FL 33141

#### <u>ARTICLE III SHARES</u>

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

1000 (One Thousand)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

YADVINDERA S. BAINS 7601 E. TREASURE DR. #2117

NORTH BAY VILLAGE, FL 33141
RTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

YADVINDERA S. BAINS 7601 E. TREASURE DR. #2117 NORTH BAY VILLAGE, FL 33141

> MBain M Signature/Incorporator

11/18/93 Date

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

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/Registered Agent

Date