

Office Use Only

1.6

# CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.		
(Corporation Name)	(Document #)	
2 (Corporation Name)	(Document #)	
3(Corporation Name)	(Document #)	
4(Corporation Name)	(Document #)	<u></u>
<ul> <li>Walk in</li> <li>Mail out</li> <li>Will wait</li> </ul>	Photocopy	Certified Copy
NEW FILINGS         Profit         Not for Profit         Limited Liability         Domestication         Other         OTHER FILINGS         Annual Report         Fictitious Name	AMENDMENTS	A., Officer/Director ered Agent drawal UALIFICATION A STATESTATION A STATESTATION
	<ul> <li>Trademark</li> <li>Other</li> </ul>	B. BROCK FEB 1 0 1999 Examiner's Initials

# ARTICLES OF INCORPORATION

## INTERMED MEDICAL GROUP INC.

The undersigned incorporator (s), for the purpose of forming a corporation under the FloridaBusiness Corporation Act, hereby adopt(s) the following Articles of Incorporation

#### ARTICLE I NAME

The name of the corporation shall be: INTERMED MEDICAL GROUP INC.

#### ARTICLE I I PRINCIPAL OFFICE

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

#### INTERMED MEDICAL GROUP INC. 1085 EAST 4<sup>th</sup> AVENUE # 200 HIALEAH, FLORIDA 33014

#### **ARTICLE III SHARES**

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

(60)

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EDGAR MENDOZA 1085 EAST 4<sup>th</sup> AVENUE # 200 HIALEAH, FLORIDA 33010

# ARTICLE V INCORPORATOR(S) See instructions for officers/directors

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

## EDGAR MENDOZA 1085 EAST 4<sup>th</sup> AVENUE SUITE# 200 HIALEAH , FL 33010

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

01 day of FEBRUARY 1999

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

2



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: INTERMED MEDICAL GROUP INC

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

EDGAR MENDOZA (NAME)

# 1085 EAST 4th AVENUE SUITE# 200

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(P. 0. Box or Mail Drop Box NOT ACCEPRABLE)

HIALEAH, FLORIDA 33010 (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 perforance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



DIVISION OF CORPORATIONS, P. 0. BOX 6327, TALLAHASSE, FL 32314