

P99000030864

TRANSMITTAL LETTER

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

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-03/15/99--01136--010

\*\*\*\*122.50 \*\*\*\*\*78.75

SUBJECT: AMT MEDICAL TECHNOLOGY, CORP  
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ \_\_\_\_\_

FROM: AMT MEDICAL TECHNOLOGY, CORP.  
Name (printed or typed)

941 SW 176 th Ave.

Address

Miami, Florida 33029

City, State & Zip Code

(954) 430-7335

Telephone Number

FILED  
99 APR -5 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dmc  
4/5/99

Note: Please provide the original and one copy of the Articles.



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**

March 22, 1999

**MEDI - TECH INTERNATIONAL, CORP.**  
**941 SW 176TH AVENUE**  
**PEMBROKE PINES, FL 33029**

**SUBJECT: MEDI - TECH INTERNATIONAL, CORP.**  
**Ref. Number: W99000006847**

We have received your document for **MEDI - TECH INTERNATIONAL, CORP.** and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 487-6923.

**Doris McDuffie**  
**Corporate Specialist Supervisor**

**Letter Number: 999A00014059**

FILED

99 APR -5 AM 10: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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:

AMT MEDICAL TECHNOLOGY, CORP.

ARTICLE II PRINCIPAL OFFICE

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

941 SW 176 th Ave.  
Pembroke Pines, Florida 33029

ARTICLE III SHARES

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

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ELIGIO BONILLA  
941 SW 176 th Ave.  
Pembroke Pines, Florida 33029

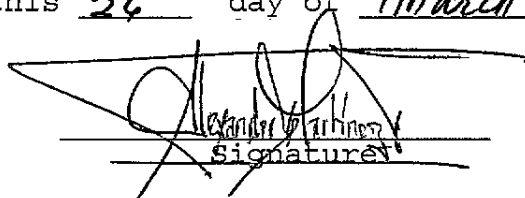
ARTICLE V INCORPORATOR(S)

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

EDISON MARTINEZ  
5958 W 13 th Ave.  
Hialeah, Fl. 33012

President / Treasurer

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 26 day of March 1999

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

FILED

99 APR -5 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

ATM MEDICAL TECHNOLOGY, CORP.

1. The name of the corporation is \_\_\_\_\_

941 SW 176 th Ave.  
Pembroke Pines, Fl. 33029

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

ELIGIO BONILLA

\_\_\_\_\_  
(Name)

941 SW 176 th Ave.

(P.O. Box or Mail Drop NOT acceptable)

Pembroke Pines, Fl. 33029

\_\_\_\_\_  
( 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.

  
\_\_\_\_\_  
(SIGNATURE)

3/26/99  
\_\_\_\_\_  
(DATE)