**Division of Corporations** 

Page 1 of 2



Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : J L HOFMANN & ASSOCIATES, P.A.

Account Number: I19990000022 : (305)461-4400 Phone

Fax Number : (305)461-4403

# FLORIDA PROFIT CORPORATION OR P.A.

Axis Medical Management, Inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 01      |
| Estimated Charge      | \$78.75 |

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#### ARTICLES OF INCORPORATION

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

#### ARTICLE I

The name of the corporation shall be:

Axis Medical Management, Inc.

### PRINCAL OFFICE

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

19470 39th Court

Miami Beach, FL 33160

SHARES

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

Authorized Shares Outstanding - 1,000

## INITIAL REGISTERED AGENT AND STREET ADDRESS

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

United States Registered Agents, Inc. - 329 Granello Avenue, Coral Gables, FL 33146

# INCORPORATOR

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

Liliana Rodriguez Lehmann - 19470 39th Court, Miami Beach, FL 33160

Signature/Incorporator

(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

6-25-99 Date