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99 JUL 14 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11. BERNAL  
145 VILLAVES, Tico  
14355 KING PALM CT  
BURNING WOODS State FL ZIP 33498  
City/State/Zip Phone #

600002930666-3  
-07/14/99-01028-004  
\*\*\*\*122.50 \*\*\*\*\*78.75

Office Use Only

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

1. Omnimed, Inc. (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

Examiner's Initials

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TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
**OMNIMED, INC.**

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:

OMNIMED, INC.

**ARTICLE II - PRINCIPLE OFFICE**

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

19355 King Palm Court  
Boca Raton, Florida 33498

**ARTICLE III - CAPITAL STOCK**

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

ONE HUNDRED THOUSAND (100,000) SHARES AT TEN CENTS (\$.10) EACH

**ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Michael E. Burman  
19355 King Palm Court  
Boca Raton, Florida 33498

**ARTICLE V - INCORPORATORS (S)**

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

Michael E. Burman  
19355 King Palm Court  
Boca Raton, Florida 33498  
267-73-2581

The undersigned has (have) executed these Articles of Incorporation this 13<sup>th</sup> day of

July 1999.



Michael E. Burman, President

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**CERTIFICATE OF DESIGNATION**  
**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:

OMNIMED, INC.

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

Michael E. Burman  
19355 King Palm Court  
Boca Raton, Florida 33498

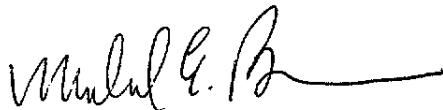


Michael E. Burman

7/13/99

Date

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 POSITIONS AS REGISTERED AGENT.



Michael E. Burman, President

7/13/99

Date