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

1. INTER AMERICAN MEDICLINIC & REHAB, INC. (Corporation Name) (Document #)

2. INC. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

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NEW FILINGS	
<input checked="" 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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

99 AUG 11 PM 1:41

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Examiner's Initials

# ARTICLES OF INCORPORATION

INTER AMERICAN MEDI CLINIC & REHAB. INC.

The under signed incorporator (s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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TALLAHASSEE FLORIDA

## ARTICLE I - NAME:

The Name of the corporation shall be: INTER AMERICAN MEDI CLINIC & REHAB. INC.

## ARTICLE II - PRINCIPAL OFFICE:

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

WESTSIDE SHOPPING CENTER  
4058-60 West 12th Avenue  
Hialeah, Fl. 33012

## ARTICLE III - SHARES:

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE HUNDRED (500) SHARES

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

The name and address of the initial registered agent is:

JOSE C. TUYA  
201 S.W. 21 Avenue Apt. #6  
Miami, Fl. 33135

**ARTICLE V - INCORPORATOR(S):**

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

JOSE C. TUYA P/T/D  
201 S.W. 21 Avenue Apt. #6  
Miami, Fl. 33135

RACKLIF M. ABREU S/D  
3800 West 6 Avenue  
Hialeah, Fl. 33012

**ARTICLE VI - DIRECTOR(S):**

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

JOSE C. TUYA  
201 S.W. 21 Avenue Apt. #6  
Miami, Fl. 33135

RACKLIF M. ABREU  
3800 West 6 Avenue  
Hialeah, Fl. 33012

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

6 day of August, 1999

  
JOSE C. TUYA

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: INTER AMERICAN MEDI CLINIC & REHAB. INC.

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

JOSE C. TUYA  
201 S.W. 21 Avenue Apt. #6  
Miami, Fl. 33135

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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

\_\_\_\_\_  
DATE: August 6th. 1988

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