LAZARS	CORPORATE	FILING	SERVICE,	INC.
	(Requestor's Na			

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA

(305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

Examiner's Initials

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

C	ORPORATION NAME(S) & D	OCUMENT NUMBER(S) (if known):	
1.	ATLANTIC M	EDICAL SERVICES, F	TNC.
	(Corporation Name)	(Document #)	<u> </u>
2.	(Corporation Name)	(Document #)	99 AUG 23 MM 11: USPART STATE OF STATE
3.	(Corporation Name)	(Document #)	- <del>1886</del> 3 <b>2 2</b>
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	NEW FILINGS	AMENDMENTS	. :
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	NonProfit	Resignation of R.A., Officer/Director	AR A
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	Annual Report		)
	Fictitious Name	Foreign	, .
	Name Reservation	Limited Partnership	
		Reinstatement	
		Trademark	

Other

### ARTICLES OF INCORPORATION

WE THE UNDERSIGNED, HEREBY ASSOCIATE OURSELVES TOGETHER FOR THE PURPOSE OF BECOMING A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA PROVIDING FOR THE FORMATION OF A CORPORATION FOR PROFIT WITH THE POWERS, RIGHTS, PRIVILEGES AND IMMUNITIES HEREINAFTER MENTIONED, AND WE HEREBY MAKE, SUBSCRIBE AND ACKNOWLEDGE AND FILE WITH THE SECRETARY OF THE STATE OF FLORIDA THESE ARTICLES OF INCORPORATION; AND TO THAT END WE DO, BY THESE ARTICLES, SET FORTH:

#### ARTICLE I

THE NAME OF THIS CORPORATION (WHICH IS HEREINAFTER CALLED THE "CORPORATION" IS:

ATLANTIC MEDICAL SERVICES, INC.

#### ARTICLE II

THIS CORPORATION SHALL EXIST PERPETUALLY.CORPORATION EXISTANCE SHALL BEGIN ON THE DAY UPON WHICH THESE ARTICLES ARE APPROVED BY THE SECRETARY OF THE STATE OF FLORIDA.

#### ARTICLE III

THE PURPOSE OF THIS CORPORATION IS TO TRANSACT ANY OR ALL LAWFUL BUSINESSES FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER CHAPTER 607 OF THE FLORIDA STATUTES.

## ARTICLE IV

THIS CORPORATION IS AUTHORIZED TO ISSUE FIVE HUNDRED (500) SHARES OF COMMON STOCK, WHICH SAID SHARES SHALL HAVE A PAR VALUE OF TEN (\$10.00) DOLLARS PER SHARE UPON ISSUANCE.

## ARTICLE V

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE AT 10311 SW 56 STREET MIAMI FLORIDA 33165 WITH THE PRIVILEGE OF HAVING BRANCH OFFICES WITHIN AND WITHOUT THE STATE OF FLORIDA.

## ARTICLE VI

THE INITIAL REGISTERED AGENT OF THIS CORPORATION UPON WHICH PROCESS MAY BE SERVED IS: ESTHER PEREZ AND THE INITIAL REGISTERED OFFICE IS LOCATED AT:

10311 SW 56 STREET MIAMI, FLORIDA 33165

## ARTICLE VII

THIS CORPORATION SHALL HAVE ONE DIRECTOR(S) INITIALLY. THE NUMBER OF DIRECTORS SHALL BE FIXED BY LAWS AND MAY BE CHANGED FROM TIME TO TIME.

#### ARTICLE VIII \_\_

THE NAME AND STREET ADDRESSES OF THE INITIAL DIRECTOR(S) OF THIS CORPORATION ARE :

ESTHER PEREZ 10311 SW 56 STREET MIAMI, FLORIDA 33165

THE AFFORESAID DIRECTOR(S) SHALL HOLD OFFICE FOR THE YEAR OF THIS CORPORATION EXISTANCE OR UNTIL A SUCCESSOR IS CHOSEN AS PROVIDED FOR IN THE BYLAWS. THE INITIAL OFFICERS OF THIS CORPORATION AND THEIR ADDRESSES ARE: PRESIDENT: ESTHER PEREZ 10311 SW 56 STREET MIAMI, FLORIDA 33165 VICE-PRESIDENT : ESTHER PEREZ 10311 SW 56 STREET MIAMI, FLORIDA 33165 TREASURER: ESTHER PEREZ 10311 SW 56 STREET MIAMI, FLORIDA 33165 SECRETARY: ESTHER PEREZ 10311 SW 56 STREET MIAMI, FLORIDA 33165

# ARTICLE IX

THE NAME AND STREET ADDRESS OF THE INCORPORATOR(S) IS/ARE :

ESTHER PEREZ 10311 SW 56 STREET MIAMI, FLORIDA 33165 THE UNDERSIGNED HAS EXECUTED THESE ARTICLES OF INCORPORATION DAY OF AUGUST 1999

SIGNATURE / TITLE

ESTHER PEREZ / PRESIDENT 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. ATLANTIC MEDICAL SERVICES, INC. THE NAME OF THE CORPORATION IS :

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SIGNATURE : 🔑 🗢

PRESIDENT TITLE

DATE

08/20/99

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 COMPLTE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATE : 08/20/99

REGISTERED AGENT

ESTHER PEREZ

