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To:

Division of Corporations

Fax Number

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)541-3694 Fax Number : (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

international medical group, inc.

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\$78.75

DIVISION OF CORPORATIONS

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B. McKnight AUG 2 7 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 25, 1999

EMPIRE

SUBJECT: INTERNATIONAL MEDICAL GROUP, INC.

REF: W99000019734

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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.

THE CONFLICT IS INTERNATIONAL MEDICAL GROUP, INCORPORATED DOC #P99000016463.

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Becky McKnight Document Specialist FAX Aud. #: #99000021318 Letter Number: 499A00042681



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ARTICLES OF INCORPORATION

OF

INTERNATIONAL MEDICAL CENTER, INC.

These Articles are in compliance with Chapter 607, F.S.

ARTICLE I

The name of this corporation shall be: INTERNATIONAL MEDICAL CENTER, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business and mailing address of this corporation shall be: 2200 S.W. 16 STREET, SUITE #212 MIAMI, FL 33145

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is the total sum of 1,000 shares having an individual par value of \$5.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

PREPARED BY: RAY STORMONT, EMPIRE CORPORATE KIT COMPANY 1492 W. FLAGLER STREET, #200, MIAMI, FLORIDA 33135 (305)541-3694

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: FERNANDO J. VALLEJO 2200 S.W. 16 STREET, SUITE #206 MIAMI, FL 33145

ARTICLE VII

The initial board of Directors shall consist of a total of 3 person(s) and the name and address of the person(s) who are to serve as an initial director(s) is(are):

MARIBEL HERRERA PRESIDENT 100% SHARES 2990 N.W. 5TH STREET

MIAMI, FL 33125

MARLENE VALENZUELA SECRETARY

2990 N.W. 5TH STREET MIAMI, FL 33125

VICTORIA CRUZ CARRASQUILLO VICE PRESIDENT

2990 N.W. 5TH STREET MIAMI, FL 33125

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

EMPIRE CORPORATE KIT OF AMERICA, INC. 1492 WEST FLAGLER STREET #200 MIAMI, FL 33135

The undersigned has executed these Articles of Incorporation this 27TH

day of AUGUST, 19 99.

Incorporator Ray Stormont, President Signing for

Empire Corporate Kit of America, Inc.

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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.

migration in the manual		
First that INTERNATIONAL MEDICAL Center, 1	<u> </u>	
desiring to organize under the laws of the State of Florida		<u> </u>
with its principal office, as indicated in the articles of incorporation ha	1S	_
named FERNANDO J. VALLEJ8	99	SEC
named reservois	UG 2	器等
located at 2200 SW 16 St. SVITE 206	- 	
City of MIAM! County of DADE State of Florida,	ထ္))F STATE (PORATIONS
as its agent to accept service of process within this state.	50	IONS

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.

SIGNATUR

Registered Agent

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