

OFFICE USE ONLY (Document #)

LEONARUS CORPORATE FILING SERVICE, INC.
(Requestor's Name)

3320 S.W. 87th AVENUE
(Address)

MIAMI, FLORIDA (305)552-5973
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

100003009991-4
-10/08/99-01033-019
*****78.75 *****78.75

OFFICE USE ONLY

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

1. ALBARRAN MEDICAL OFFICE CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

RECEIVED
99 OCT -8 AM 11:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
ALBARRAN MEDICAL OFFICE CORP.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby associate itself to form a corporation under the laws of the State of Florida.

ARTICLES I

The name of the corporation shall be
ALBARRAN MEDICAL OFFICE CORP.

ARTICLE II

The general nature of the business and the objects and purposes proposed to transacted and carried on are to do any and all of things herein mentioned, as fully and the same extent as natural persons might or could do.

Also any other business activities related to Health Services or any other business permitted under the laws of the State of Florida and the United States.

ARTICLE III

The authorized capital of this corporation shall consist of 100 shares of common stock at 5.00 par value.

ARTICLE IV

The street address of the corporation's principal office is as follows :

9021 S. W. 17 St.
Miami. Florida. 33165.

ARTICLE V

The initial registered agent for the corporation is

PABLO OROZCO.

9021 S. W. 17 St.

Miami. Florida. *33165*

ARTICLE VI

The corporation shall have 2 directors initially, as provided by the by-laws. The number of directors may either be increased or decreased with the consent of all stockholders.

ARTICLE VII

The following shall be the Board of Directors of the corporation during the first year or until their successors are chosen, shall be :

NAME	ADDRESS
PABLO OROZCO. . . Pres.	201 N. W. 72 Ave. # 305. Mia. Fl. 33126.
JUAN JOSE QUEVEDO.. Sec. and Treas...	9021 S. W. 17 St. Mia. Fl. 33165.

ARTICLE VIII

The power to adopt, amend, alter or otherwise dissolve the corporation shall be vested in the Board of Directors and stockholders

ARTICLE IX

The private properties of the stockholders shall not be subject to the payment of any corporate debts to any extent whatsoever.

ARTICLE X

Subject to the provisions and conditions of this Article, the corporation shall have full power and lawful authority to accept property, labor and services in lieu of payment of shares of its capital stock at an appropriate valuation to be fixed by the Board of Directors.

ARTICLE XI

The officers of the corporation may transact business, borrow, lend and otherwise deal or contract with the corporation and with other person (s) or corporation (s) competent and authorized to enter into contracts to the full extent but only subject to the limitations and provisions of the laws of the State of Florida and the laws of the United States.

ARTICLE XII

The corporation shall indemnify each director and officer, against all or any portion of any expenses reasonably incurred by them in connection with or arising out of any action, suit or proceeding in which they may be involved, by reason of them being or having been the director or officer of the corporation, to the fullest extent permitted by and subject only to the limitation and provisions of the laws of the State of Florida and the laws of the United States.

ARTICLES XIII

The officer of the corporation until the first meeting of the corporation Board of Directors, or until successors are elected, shall be :

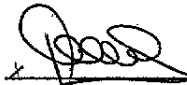
NAME & TITLE	ADDRESS
PABLO OROZCO. PRESIDENT.	201 N. W. 72 Ave. Apt. 305. Miami. Fl. 33126.
JUAN JOSE QUEVEDO. . SECRET. & TREAS. . .	9021 S. W. 17 St. Miami. Fl. 33165.


STATE OF FLORIDA }
COUNTY OF DADE }

SS

BEFORE ME, the undersigned authority, personally appeared PARLO OROZCO & JUAN JOSE QUEVEDO known to me to be the person who executed the foregoing Articles of Incorporation and whose signature appears below has executed the same for the purpose of incorporating the corporation with the State of Florida.

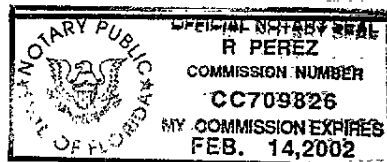
SWORN TO AND SUBSCRIBED before me this 6th
day of October 1999, at Miami, 1999.







Notary Public



My commission expires : _____

ARTICLES OF INCORPORATION
OF

CERTIFICATE DESIGNATION PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN
THIS STATE, NAMING AGENT UPON PROCESS
MAY BE SERVED

In pursuant to chapter 607.034, Florida Statutes, the following
is submitted.

FIRST, that ALBARRAN MEDICAL OFFICE CORPs incorporating under the
laws of the State of Florida, with its principal office, as
indicated in the Articles of Incorporation, at Miami, County of
Dade, State of Florida, has named PABLO OROZCO as its agent to
accept service of process within this State with address at _____
9021 S. W. 17 St. Miami. Fl. 33165.

SECOND, having been named to accept service of process for the
stated corporation, at the place designated in the certification,
I hereby agree to act in this capacity, and I further agree to
comply with the provisions of all statutes relative to the proper
and complete performance of my duties.

x 

_____, Registered Agent

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99 OCT -8 PM 1:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA