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(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

900003023469-75

-10/25/99--01067--012

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

OFFICE USE ONLY

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

1. T.C.A. Medical Services, INC  
(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

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

FILED  
99 OCT 25 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
99 OCT 25 AM 11:28  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Examiner's Initials

# ARTICLES OF INCORPORATION

*The undersigned incorporate(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:

**T. C. A. MEDICAL SERVICES, INC.**

## ARTICLES II PRINCIPAL OFFICE

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

**7821 CORAL WAY SUITE # 132  
MIAMI, FLORIDA 33155**

## ARTICLES III SHARES

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

**500 SHARES \$ 1.00 PAR VALUE**

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**ANA GARRIDO DUERO  
7821 CORAL WAY, SUITE # 132  
MIAMI, FLORIDA 33155**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES V INCORPORATE(S)**

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

ANA GARRIDO DUERO  
7821 CORAL WAY, SUITE # 132  
MIAMI, FLORIDA 33155

PRESIDENT, SECRETARY, TREASURER,  
DIRECTOR

**ARTICLE VI DIRECTOR (S)**

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

ANA GARRIDO DUERO  
7821 CORAL WAY, SUITE # 132  
MIAMI, FLORIDA 33155

The undersigned incorporate(s) has (have) executed these Articles of Incorporation this  
22<sup>ND</sup> day of OCTOBER, 1999



SIGNATURE

ANA GARRIDO DUERO

PRESIDENT, SECRETARY, TREASURER, DIRECTOR

SIGNATURE

JORGE L. JUSTO

**Articles of Incorporation**

**Filling Fee - \$35.00**

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607 .051, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:

**T. C. A. MEDICAL SERVICES, INC.**

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

ANA GARRIDO DUERO

(Name)


7821 CORAL WAY, SUITE # 132

(PO Box not acceptable)

MIAMI, FLORIDA 33155

(City/State/Zip)

*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.*

  
ANA GARRIDO DUERO (Signature)

10/22/99  
(Date)

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DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314