

# P99000097294

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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SECRETARY OF STATE  
KATHERINE HARRIS, FLORIDA

## FLORIDA PROFIT CORPORATION OR P.A.

### BODY REGENERATION MEDICAL CENTER INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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ARTICLE OF INCORPORATION  
OF

BODY REGENERATION MEDICAL CENTER INC.

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

ARTICLE I NAME

The name of the corporation shall be: BODY REGENERATION MEDICAL CENTER, INC.

The principal place of business of this corporation shall be:

1920 SW. 57 AVE.  
MIAMI, FLORIDA 33155

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 x \$ 10.00 - \$ 1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ALCIRA PARRA

DIRECTOR

13876 SW. 56 ST. # 121  
MIAMI, FLORIDA 33175

ARTICLE VI INCORPORATOR(S)

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

ALCIRA PARRA

PRESIDENT, SECRETARY & TREASURER

13876 SW. 56 ST. # 121  
MIAMI, FLORIDA 33175

100 shares

The undersigned has(have) executed these Article of Incorporation this 4th day of November, 19 99.

  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**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: \_\_\_\_\_

BODY REGENERATION MEDICAL CENTER INC.

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

is ALCIRA PARRA

(Name)

13876 SW. 56 ST. # 121

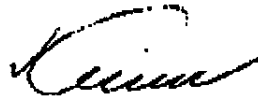
(P. O. BOX NOT ACCEPTABLE)

Miami, Florida 33175

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE

11-04-1999

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