

FD3000060908

Jun 03 03 10:38 AM EXPRESS
Division of Corporations

44-4977 Page 1 of 2
FILED P. 1

03 JUN -3 AM 7:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000206270 8))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

FLORIDA PROFIT CORPORATION OR P.A.

OMAS CARE CENTER, INC.

✓
D. WHITE JUN - 4 2003

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

(((H03000206270)))

FILED

03 JUN -3 AM 7:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

OMAS Care Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

701 N.W. 57TH. Ave. Suite #370., Miami, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Office

ARTICLE IV SHARES

The number of shares of stock is:

500 Shares to \$1.00 Each

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Osmany Herrera, as President with address at: 948 S.W. 71 Ave., Miami, FL 33144

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Osmany Herrera with address at: 948 S.W. 71 Ave., Miami, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Osmany Herrera with address at: 948 S.W. 71 Ave., Miami, FL 33144

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

* [Signature]
Signature/Registered Agent

06/02/03
Date

* [Signature]
Signature/Incorporator

-06/02/03
Date