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

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

o2m nebm ed inc

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

5-19-03

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**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:

O2M NEBMED INC

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business/mailling address is:

13232 SW 50 STREET MIRAMAR FL 33027

**ARTICLE III - PURPOSE**

The purpose for which the corporation is organized is:

MEDICAL LABORATORY

**ARTICLE IV - SHARES**

The number of shares of stock is:

100

**ARTICLE V - INITIAL OFFICERS/DIRECTORS (optional)**

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

MINERVA GARCIA 13232 SW 50 STREET MIRAMAR FL 33027-5526 PRESIDENT

**ARTICLE VI - REGISTERED AGENT**

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

MINERVA GARCIA 13232 SW 50 STREET MIRAMAR FL 33027-5526

**ARTICLE VII - INCORPORATOR**

The name and address of the incorporator is:

MINERVA GARCIA 13232 SW 50 STREET MIRAMAR FL 33027-5526

\*\*\*\*\*  
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

Minerva Garcia  
Signature/Registered Agent

05/15/2003  
Date

Minerva Garcia  
Signature/Incorporator

05/15/2003  
Date

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