Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839 : (305)716-0346 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

KENDALL HEALTH CARE SERVICES, INC.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

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<u>of</u>

KENDALL HEALTH CARE SERVICES, INC

ARTICLE I NAME

The name of the corporation shall be:

KENDALL HEALTH CARE SERVICES, INC

The principal place of business of this corporation shall be: 13500 N. KENDALL DR. Suite 215, MIAMI, FLA 33186

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. Health Care

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100,000 shares

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(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):

ASHER Kimchi, Rosalyn Kimchi & Joycelyn Hunte 13500 N. KENDALL DR Suite 215 MIAMI, FLORIDA. 33186

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

ASHER KIMEHI+ROSALYNKIMEHI + JOYCE LYN HUNTE 13500 N. KENDALL DR Suite 215 MIRMI, FLA 33186

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this,

day of 1999

Signature(s) of Incorporator(s)

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

		ame of the corporation:			
_	KENDALL HEALTH CARE SERVICES, INC				
2	2. The no	ame and address of the registered agent and is:			
MR ASHER KIMCHI					
(P.O. BOX NOT ACCEPTABLE) 13500 N-KENDALL DR. Suite 215					
MIAMI, FLA- 33186					
	PM 3: 22 OF STATE E. FLORIDA	SIGNATURE			
	ETARY I	TITLE Secretory			
	OO FI SEGR TALLA	DATE 2/22 /2000			

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE	Ach_	
DATE	2/22/2	200