Division of Corporations

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# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number: I20010000247 Phone : (305)673-0347 Fax Number : (305)532-0738

# FLORIDA PROFIT CORPORATION OR P.A.

Health Link Systems, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

3/6/2003

## 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: Health Link Systems, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address 300 NW 70th Ave #102 Plantation, FL 33317

#### ARTICLE III PURPOSE

The purpose for which the corporation is formed is to engage in any activity business permitted under the laws of the State of Florida.

#### ARTICLE IV SHARES

The number of shares of stock is: 1,500 Common Shares Par Value \$.10

#### ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is:

Director, President:

Simon Frisch

4761 Longcourt Drive Smyrna , Georgia 30080

Director, Vice President:

Julia Parker

One Irving Place, Apt U 11 H New York City, New York 10003

Director, Secretary:

Michelle Frisch

4761 Longcourt Drive Smyrna, Georgia 30080

Director, Treasurer:

Roberta Parker

3150 Willow Lane

Weston, Florida 33331

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PAGE 2 Health Link Systems, Inc.

Director:

Harvey Parker 3150 Willow Lane Weston, Florida 33331

#### ARTICLE VI REGISTERED AGENT

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

Harvey Parker 3150 Willow Lane Weston , Florida 33331

## ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is: Harvey Parker
3150 Willow Lane
Weston, Florida 33331

Having been named as registered agent to accept service of process for the above 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.

larvey Parker / Registered Agent

Harvey Parker /incorporator

3 6 0 3 Date

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