

# Florida Department of State **Division of Corporations Electronic Filing Cover Sheet**

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FLORIDA PROFIT/NON PROFIT CORPORATION PRO-CARE HEALTH SERVICES, CORP.

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B McKnight DEC 16 2009

## H 0 9 0 0 0 2 5 8 4 3 6 ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

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### ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

Pro-Care Health Services, Corp.

#### **ARTICLE II - PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS
CORPORATION SHALL BE:

8660 West Flagler Street, Suite 202 Miami, FL 33144

#### **ARTICLE III - SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

<u> ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Envigue J De La Coteva 8660 West Flagler Street, Suite roz Miami, Fl 33144

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ARTICLE V - INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation is:  Envigue J De La Cotera  8660 West Flagler Street, Suite 202  Miami, FL 33144	
The undersigned incorporator has executed these Articles of Incorporation this day of <u>December</u> 2009.	
Signature	
ARTICLE VI- DIRECTOR (S)	
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):	
Enrique J De La Cotera - President	
Enrique J De La Cotera - President Daryl Milian - Vice President	
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT  REGISTERED OFFICE  Having been named as Registered Agent and to accept service of process for the above states.	
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT	₹ d
Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered	e participation of the second
Agent and agree to act in this capacity. I further agree to comply with the provisions of all	
Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with the accept the obligations of my position as Registered Agent.	O
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