

P96000038297

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

SUBJECT: K & L HECHT INC. GERMAN-AMERICAN HEALTHCARE SYSTEMS
(PROPOSED CORPORATE NAME)

200001799422
-04/23/96--01092--003
****122.50 ****122.50

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF INCORPORATION AND A CHECK FOR \$ 122.50.

FROM:

ANGELA SINKOVITS

NAME (PRINTED OR TYPED)

P.O. BOX 1390

ADDRESS

LEHIGH, FLORIDA 33970

CITY, STATE, & ZIP

(941) 368-5200

TELEPHONE NUMBER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
56 APR 29 PM 1:24

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

gjs/3/96

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 APR 29 PM 1:26

ARTICLES OF INCORPORATION

OF

K&L HECHT INC. GERMAN-AMERICAN HEALTHCARE SYSTEMS

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.

ARTICLE I. NAME

THE NAME OF THE CORPORATION SHALL BE:

K&L HECHT INC. GERMAN-AMERICAN HEALTHCARE SYSTEMS

ARTICLE II. PRINCIPAL OFFICE

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

723 BENTLY ST. E., LEHIGH, FL 33936

ARTICLE III. SHARES

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

100 SHARES

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

ANGELA SINKOVITS
302 LEE BLVD. SUITE 105
LEHIGH, FL 33936

MAILING ADDRESS: P.O. BOX 1390, LEHIGH, FL 33970

ARTICLE V INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS(ARE):

PRESIDENT, KUNIGUNDE HECHT
SECRETARY 723 BENTLY ST. E.
LEHIGH, FL. 33936

VICE-PRES., DR. LUDWIG HECHT
DIRECTOR, 723 BENTLY ST. E.
LEHIGH, FL. 33936

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 29TH DAY OF NOVEMBER, 1995.

x *Kundigunde Hecht*

SIGNATURE

x *L. Hecht*

SIGNATURE

SIGNATURE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 APR 29 PM 1:26

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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.

K&L HECHT INC.

1. THE NAME OF THE CORPORATION IS: GERMAN-AMERICAN HEALTHCARE SYSTEMS

2. THE NAME AND THE ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

ANGELA SINKOVITS

(NAME)

302 LEE BLVD. SUITE 105

(P.O. BOX NOT ACCEPTABLE)

LEHIGH, FL 33936

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


(SIGNATURE)

NOVEMBER 29, 1995