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April 13, 2000

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: EL MEDICO EN SU CASA CORPORATION

(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$78.75

FROM:	Victelio Martinez Name (printed or typed)			• •	··· • 17 · ·
	Dr. Remberto Bitar		TWI SES	00	•
	14679 Braddock Oak Dr., Address	······································		JW -5	
	Orlando, FL 32837 City, State & Zip		E. FL. W		-
	(407) 812-4333 Telephone Number		AGE	36	<u></u>
	None Fay Number				

Note: Please provide the original and one copy of the Articles.

TSMITH JUN 13 WW

ARTICLES OF INCORPORATION

<u>OF</u>

EL MEDICO EN SU CASA CORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME AND PURPOSE

The Name of the corporation shall be: El Medico En Su Casa Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be

14679 Braddock Oak Dr. Orlando, FL 32837

ARTICLE III PURPOSE

To educate the Hispanic Community in relation to health matters.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

The manner in which the directors are elected is as stated in the bylaws

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Victelio Martinez 14679 Braddock Oak Drive Orlando, FL 32837

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Dr. Remberto Bitar Victelio Martinez 14679 Braddock Oak Drive Orlando, FL 32837

The undersigned	_ ,	executed these Articles of Incorporation this	
	day of	, 2000.	<u> </u>
		Signature/Incorporator	
		Signature/Incorporator	

Articles of Incorporation Filing Fee- \$35.00

<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designing the registered office/registered agent, in the State of Florida.

1.The name	of the not for pr	ofit corporation	n is : <u>El</u>	Medico	En Si	u Casa (Corporat	ion
	_	(NAME OF					-	

2. The name and address of the registered agent and office is:

Victelio Martinez			
	(NAME)		
14679 Braddock Oak Drive, Orla	ando FL 32837		
(P.O	Box Not Acceptable)	•	
Orlando, FL 32837			
	(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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE COLLARDO DATE

OO JUN -5 AM IO: 36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REGISTERED AGENT FILING FEE: \$35.00