N9600000 153

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

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SUBJECT: HEALTH CARE WORKERS ASSOCIATION, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

\$122.50

131.25

FROM:

SHARMA S. ELDRIDGE 1940 HARRISON STREET SUITE 200 HOLLYWOOD, FL 33020 1-800-600-7404

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96 JAN -4 PH 2: 05
SECRETARY OF STATE

ARTICLES OF INCORPORATION

FILED

96 JAN -4 PH 2:05

The undersigned, acting as incorporators of a corporation pursuant to Chapter 617 Elforida

THE COUNTY OF STATE

TALLAHASSIE CONTENTS

TO STATE

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Article I Name

The name of the corporation shall be:

HEALTH CARE WORKERS ASSOCIATION, INC.

Article II Principal place of business and mailing address

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

1940 Harrison Street, Suite 200 Hollywood, FL 33020

> Article III **Purposes**

The specific purposes for which the corporation is organized are:

To promote, support, represent, educate, enhance, protect, preserve, and otherwise serve HEALTH CARE WORKERS of every type, including, but not restricted to: doctors, nurses, aides, therapists, radiologists, phiebotomists, etc.

> Article IV Manner of election of directors

The manner in which the directors are elected or appointed is as follows: This procedure shall be detailed in the bylaws.

> Article V Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited in the bylaws.

> Article VI Initial registered agent and street address

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

Wanda Y. Birchette 1940 Harrison Street, Suite 200 Hollywood, FL 33020

> Article VII Incorporators

The names and the street addresses of the incorporators for these articles of incorporation are:

Sharma S. Eldridge 8943A Thumbwood Circle, Boynton Beach, FL 33436

Wanda Y. Birchette 1801 South Ocean Drive, Apt 532, Hallandale, FL 33009

The undersignd incorporators have executed of	these Articles of Incorporation this day 95
Me a gali	<i>(</i>
Alakme St. / Vario	Sharma S. Eldridge
Manual Durchille	,
Many Juninum	Wanda Birchette

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CERTIFICATE OF DESIGNATION REGISTER DD-4 PH 2: 05 AGENT/REGISTERED OFFICE

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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.

1.	The name of the corporation is:	HEALTH.	(must include suffix)	SSOCIATION, TIKE

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

WANDA J. BINCHETTE.

(Name)

1940 HAKEISON ST. SUITE 200

(Street address - P. O. Box not acceptable)

HOLLYWOOD FL 33020

(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.

Skicketh (Signature)

(Date)

Registered Agent filing fee \$35.00

00000153 HCWA INC. 1940 Harrison St. City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) 400002019644--6 (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time Certificate of Star ☐ Will wait Mail out Photocopy AMENDMENTS NEW FILINGS Profit Amendment Took of Took of States of the NonProfit Resignation of R.A., Officer/Directo Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 61 undersigned corporation organized under the laws of	7.0502, 607.1508, or 617.1508, Florida Statutes, the
submits the following statement in order to change it	s registered office or registered agent, or both, in the
State of Florida. 1. The name of the corporation is: HEALTH C	ARE WORKER'S ASSOCIATION, INC.
2. The mailing address of the corporation is: 194 Hollywood, FL 33020	O Harrison Street, Suite 200
3. Date of incorporation/qualification:	nt and office: N96000000153
WANDA Y. BIRC	HETTE
1940 Harrison	Street, Suite 200
Hollywood, E	L 33020
5. The name and address of the new registered agent a	and office: (P.O. Box Not Acceptable)
Sharma S. El	——————————————————————————————————————
1940 Harriso	on Street, Suite
Hollywood,	FL 33020 SSA - FAR
The street address of its registered office and the stree agent, as changed, will be identical.	t address of the business office of its registered
Such change was authorized by resolution duly adopte authorized by the board.	ed by its board of directors or by affiofficer so
Signature of an officer, chairman or vice chairman of the board)	13/1/9/6 (Date)
Sharma S. Eldridge. (Printed or types	President/Chairman
Having been named as registered agent and to accept I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligation of m	
Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)

CR2E045(1/95)

FILING FEE: \$35.00

0000153 Requestor's Name 1940 Harrison St. 2 6 0 Address Hollywood FL 33020 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) 600002019646--9 -12/04/96--01082--018 ****122.50 ******87.50 2. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time _____ Certified Copy ₩alk in Will wait Certificate of Status Mail out Photocopy AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/ Director NonProfit Texamina Con Con a Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Examiner's Initials

Other

ARTICLES OF AMENDMENT

to

ARTICLES OF INCORPORATION

of

HEALTH	CARE	WORKER"S	ASSOCIATION, INC.	

Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.

FIRST:

Amendment(s) adopted: (INDICATE ARTICLE NUMBER(s) BEING AMENDED, ADDED OR DELETED.)

ARTICLE III-PURPOSE

THE SPECIFIC PURPOSES FOR WHICH the corporation is organized are: to promote, support, represent, educate, enhance, protect, preserve, and otherwise serve health care workers of every type, including, but not limited to: doctors, nurses, aides, therapists, cadiologists, phlebotomists, healthcare technicians. in addition, all workers whose job or employment does not include inefits or education; or support and representation. (adopted march 29, 1996)

H 2: 02

SECOND: THIRD:			
		The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.	
	ZI.	There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.	
		HEALTH CARE WORKER'S ASSOCIATION, INC.	
		Sharme V. Eldridge ignature of Chairman, Vice Chairman, President or other officer	
_	SHARMA S. ELDRIDGE Typed or printed name		
		Typed of princed name	
		CHAIRMAN /2/1/96	
		Title Date	