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TRANSMITTAL LETTER

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

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-03/29/00--01015--025
*****78.75 *****78.75

SUBJECT: DOME HEALTH CENTERS, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☐ $70.00 Filing Fee

☒ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: RICHARD BACHMAN
Name (Printed or typed)

2800 NE 30th Ave #113
Address

Lighthouse Point, FL 33064
City, State & Zip

561-995-5885
Daytime Telephone number

RECEIVED
00 MAR 29 PM 12:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00 MAR 29 PM 12:12
APPROVED AND FILED

NOTE: Please provide the original and one copy of the articles.

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:

DOME HEALTH CENTERS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2800 NE 30th Ave #111
LIGHTHOUSE POINT, FL 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DEVELOP & BUILD, DOME EMERGENCY MEDICAL CLINICS & SMALL HOSPITALS WORLDWIDE

ARTICLE IV SHARES

The number of shares of stock is:

15,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

RICHARD BACHAS - PRESIDENT
2800 NE 30th Ave #111
LIGHTHOUSE POINT, FL 33064

M. MAUREEN O'FLANAGAN SEC TREASURER
2800 NE 30th Ave #111
LIGHTHOUSE POINT, FL 33064

ARTICLE VI REGISTERED AGENT

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

M. MAUREEN O'FLANAGAN
2800 NE 30th Ave #111
LIGHTHOUSE POINT, FL 33064

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

M. MAUREEN O'FLANAGAN
2800 NE 30th Ave #111
LIGHTHOUSE POINT, FL 33064

APPROVED AND FILED
00 MAR 29 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

M. Maureen O'Flanagan
Signature/Registered Agent

3/28/2000
Date

M. Maureen O'Flanagan
Signature/Incorporator

3/28/2000
Date