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

\$70.00

Filing Fee

\$78.75

Filing Fee

& Certificate of Status

500003154955--8 -03/02/00--01083--002 *****85.00 *****85.00

500003154955--8 -03/02/00--01083--003 ******2.50 ******2.50

SUBJECT:

SPECIAL 324O JERSCES

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

3 \$87.50

Filing Fee,

Certified Copy & Certificate of

(Proposed corporate name - must include suffix)

□ \$78.75

Filing Fee

& Certified Copy

	ADDITIONAL O	ADDITIONAL COPY REQUIRED	
FROM: _	Name (Printed or typed)		
	(4830 2.12. 149 Avenue	OO APR	
	Miani Fl. 33196	ARY ASS	
	City, State & Zip	OF STAIL 12	

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

Daytime Telephone number





The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ASC SPECIAL CARE SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

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

14830 S.W. 149 AVENUE MIAMI-FLORIDA 33196

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100- ONE HUNDRED

ARTICLE IV INITIAL REGISTER AGENT AND STREET ADDRESS

The name and Florida street address of the inical registered ag

JENNIFER RICHARDSON

14830 S.W. 149 AVENUE MIAMI FLORIDA 33196

<u>ARTICLE V INCORPORATOR</u>

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

14830 S.W. 149 AVENUE MIAMI FLORIDA 33196

Signature/Incorporator

00 | سد المتم

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

-100

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