

P00000246511

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

file(5) - off-5-3

SUBJECT: INPATIENT CARE SOLUTIONS, 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: CHRISTIAN LE M.D.  
Name (Printed or typed)

19830 N.W. 2nd Street  
Address

Pembroke Pines, FL 33029  
City, State & Zip

(954) 288-4273  
Daytime Telephone number

FILED  
2000 MAY -5 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
5/3/00

8000003246288--1  
-05/10/00-01002-004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

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00-11930

## 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:

**Inpatient Care Solutions, Inc.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**19830 N.W. 2<sup>nd</sup> Street, Pembroke Pines, FL 33029**

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**To provide Internal Medicine and Pediatric medical care to hospitalized patients.**

### ARTICLE IV SHARES

The number of shares of stock is:

**10,000 shares**

### ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

**President: Christian Le, M.D., 19830 N.W. 2<sup>nd</sup> Street, Pembroke Pines, FL 33029**

**Vice-President: Osnah Bloom, 6617 Stratford Drive, Parkland, FL 33067**

**Treasurer: Hina Sharma, M.D., 2351-3 East Aragon Blvd., Sunrise, FL 33313**

### ARTICLE VI REGISTERED AGENT

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

**Osnah Bloom, 6617 Stratford Drive, Parkland, FL 33067**

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Christian Le, M.D., 19830 N.W. 2<sup>nd</sup> Street, Pembroke Pines, FL 33029**

### EFFECTIVE DATE

**May 3, 2000**

\*\*\*\*\*

*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*

Signature/Registered Agent Date: Ozzie Bloom 4-21-00

Signature/Incorporator Date: [Signature] 4/25/00

EFFECTIVE DATE

5/3/00

FILED  
2000 MAY -5 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA