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TRANSMITTAL LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 19 PM 12:47

FILED

SUBJECT: DOCTORS CARE HEALTH SERVICES INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

3000003260523-7

-05/19/00-01126-006

Enclosed is an original and one(1) copy of the articles of incorporation and a check for: *****78.75 *****78.75

☐ \$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: DOCTORS CARE HEALTH SERVICES INC
Name (Printed or typed)

10570 S. FEDERAL HWY SUITE 201
Address

PORT ST LUCIE FL. 34952
City, State & Zip

561 398 1100 ext 175
Daytime Telephone number

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

MAY 23 2000

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:

DOCTORS CARE HEALTH SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10570 S. FEDERAL AVE
PORT ST. LUCIE. FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL ENTERPRISE.
INCLUDING BUT NOT LIMITED TO. PROVIDING ANY AND ALL
MEDICAL SERVICES.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 SHS @ .01 par

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ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

PAUL ELLIOTT
10570 S. FEDERAL HWY
PORT ST. LUCIE. FLA. 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PAUL ELLIOTT
10570 S. FEDERAL HWY
PORT ST. LUCIE. FLA 34952

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 /Incorporator

5/16/00
Date