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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : VMR HEALTH CARE SERVICES, INC.
Account Number : I20000000024
Phone : (305) 674-9874
Fax Number : (305) 674-3472

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Sanbee Systems, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION OF

Sanbec Systems, Inc.

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: Sanbec Systems, Inc.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
672 NW 118 ST
Miami FL. 33168

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 shares of common stock, \$1.00 per value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
Sanborn Saintilmond
672 NW 118 ST
Miami FL. 33168

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ARTICLE V INCORPORATOR(S)

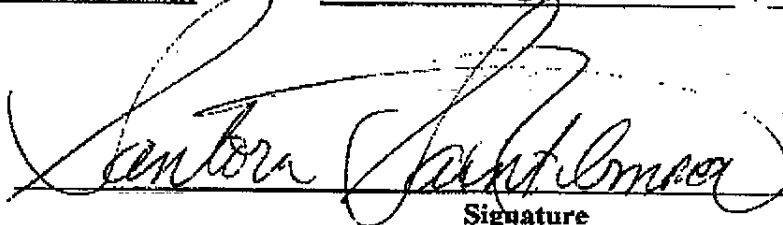
The name(s) and address(es) of the incorporator to these Articles of Incorporation are:

Sanborn Saintilmond
672 NW 118 ST
Miami FL 33168

President

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this

09 day of August, 2000


Signature

Signature

Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.501 OR 617.0501, FLORIDA STATUTE, 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: Sanbee Systems, Inc.

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

Sanborn Saintilmond

(Name)

672 NW 118 ST

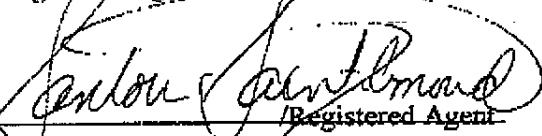
(P.O. Box not acceptable)

Miami, Fl. 33168

(City/State/Zip)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept services 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 wit 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

03/05/2000

Date

H00000041899 6