

700000084527

Charter Number Only

Barbara

Jocelyn Poole

Requestor's Name

3001 Ponce de Leon Blvd 214

Address

Coral Gables 33134

City

State

ZIP

Phone

446-5700 T

VALIDATION ONLY

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CORPORATION(S) NAME

Health Care Financial Associates, Inc.

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☒ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

00 SEP -7 PM 1:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Empire Toll Free: 1-800-432-3028

RECEIVED
00 SEP -7 AM 9:27

Cert. Copy

T BROWN

SEP

7 2000

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

**ARTICLES OF INCORPORATION
OF
Health Care Financial Associates, Inc.**

FILED
00 SEP -7 PM 1:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

**ARTICLE I
NAME**

The name of this corporation shall be **Health Care Financial Associates, Inc.**

**ARTICLE II
NATURE OF BUSINESS**

This corporation may engage in or transact any and all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

**ARTICLE III
CAPITAL STOCK**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having a par value of \$1.00 per share.

**ARTICLE IV
ADDRESS**

The street address of the initial principal office of the corporation shall be 12301 Moss Ranch Road, Miami, Florida 33156 and the name of the initial Registered Agent for the corporation at 12301 Moss Ranch Road, Miami, Florida 33156 is Jocelyn Poole.

**ARTICLE V
SPECIAL PROVISIONS**

The stock of this corporation is intended to qualify under the requirements of Section 1244 of the Internal Revenue Code and the regulations issued thereunder. Such actions as may be necessary shall be deemed to have been taken by the appropriate officers to accomplish this compliance.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JOCELYN POOLE
12301 Moss Ranch Road
Miami, FL 33156

ARTICLE VI

The names and addresses of the directors of this corporation are:

Director: Warren E. Silverman
3550 North 32nd Terrace
Hollywood, FL 33021-2619

Jocelyn Poole
12301 Moss Ranch Road
Miami, FL 33156

ARTICLE VII

The name and address of the Incorporator is:

Jocelyn Poole
12301 Moss Ranch Road
Miami, FL 33156

ARTICLE VIII

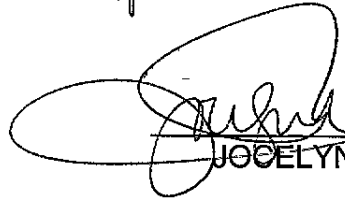
By duly adopted action by the Board of Directors, this corporation may indemnify and/or insure any and all of its directors or officers or former directors or officers, or any person who may have served at its request as a director or officer or another corporation in which it owns shares of capital stock, or of which it is a creditor, to the extent permitted by law, now existing or hereinafter enacted, including without limitation, the expenses actually and necessarily incurred by them in connection with the defense of any action, suit or proceeding, in which they or any of them are made parties or a party by reason of being or having been directors or officers, or a director or officer of this corporation, or of such other corporation, except in relation to matters as to which any such director or officer, or

former director or officer or person, shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of his duty. Such indemnification shall not be deemed exclusive of any other rights to which those indemnified may be entitled under the By-Laws, agreements, votes of stockholders or directors, Chapter 607, Florida Statutes, or otherwise.

ARTICLE IX

No contract or other transaction between this corporation and any other corporation, in the absence of fraud shall be affected or invalidated by the fact that any one or more of the directors of this corporation is or are interested in, or is a director or officer or are directors or officers of such other corporation, and any director or directors, individually or jointly, may be a party or parties to, or may be interested in such contract or transaction of this corporation or in which this corporation is interested. No contract, act or transaction of this corporation with any person or persons, firm or corporation, in the absence of fraud, shall be affected or invalidated by the fact that any director or directors of this corporation is a party or are parties to or interested in such contract, act or transaction, or in any way connected with such person or persons, firm or corporation. Each and every person who may become a director of this corporation is hereby relieved from any liability that might otherwise exist from thus contracting with this corporation for the benefit of himself or any firm, association or corporation in which he may be in any way interested. Any director of this corporation may vote upon any contract or other transaction between this corporation and any subsidiary or controlled company without regard to the fact that he also is a director of such subsidiary or controlled company.

IN WITNESS WHEREOF, the undersigned, being the Incorporator of the above named corporation, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of florida, does make and file these articles, hereby declaring and certifying that the facts herein stated are true, and executes these Articles of Incorporation this 5th day of September, 2000

 (SEAL)
JOCELYN POOLE

**CERTIFICATE OF DESIGNATION OF
REGISTER AGENT/REGISTERED OFFICE**

FILED
00 SEP -7 PM 1:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, 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: Health Care Financial Associates, Inc.
2. The name and address of the registered agent and office is:

Jocelyn Poole
12301 Moss Ranch Road
Miami, Florida 33156

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.

Registered Agent;


JOCELYN POOLE

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, this day personally appeared JOCELYN POOLE, who, after being duly sworn, deposes and says that the facts and matters contained above are true and correct, and that she has executed the same for the purposes expressed herein.

WITNESS my hand and official seal this 5 day of SEPTEMBER 2000


NOTARY PUBLIC, STATE OF FLORIDA

(Seal)

My commission expires:

