

P00000088141

Chapter Number Only

9/15/00

FILED
00 SEP 18 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VALIDATION ONLY

Requestor's Name
Liana Kfnez
Address
910 Collins Avenue
Miami FL 33139
City State ZIP Phone
(305) 673-4442

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*****78.75 *****78.75

CORPORATION(S) NAME

Care First Occupational Health Center, Inc.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

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

Cert Copy
VR 9/18
RECEIVED
00 SEP 18 PM 3:20

Empire Toll Free: 1-800-432-3028

CERTIFICATE OF INCORPORATION

OF

CARE FIRST OCCUPATIONAL HEALTH CENTER, INC.

FILED
00 SEP 18 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscribers to these Articles of Incorporation, each a natural person competent to contract, hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of this Corporation is:

Care First Occupational Health Center, Inc.

ARTICLE II. NATURE OF BUSINESS

The general nature of the business to be transacted by this corporation is: to engage in any activity or business permitted under the Laws of the United States and Florida.

To conduct business in, have one or more offices in, and buy, hold, mortgage, sell, convey, lease, or otherwise dispose of real and personal property, including franchises, patents, copyrights, trademarks, and licenses, in the State of Florida, and in all other states and countries.

To conduct debts and borrow money, issue and sell or pledge bonds, debentures, notes, and other evidence of indebtedness, and execute such mortgages, transfers or corporate indebtedness as required.

To purchase the corporate assets of any other corporation and engage in the same or other character of business.

To guarantee, endorse, purchase, hold, sell, transfer, mortgage, pledge or otherwise acquire or dispose of the shares of the capital stock of, or any bonds, securities, or other evidence of indebtedness created by an other corporation of the State of Florida or any other state government, and while owner of such stock, to exercise all rights, power and privileges of ownership, including the right to vote such stock.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock of this corporation is authorized to have outstanding at any time is: 500 shares of common stock having a nominal of \$1.00 par value.

ARTICLE IV. INITIAL CAPITAL

The amount of capital with which this corporation will begin business is: \$500.00.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. ADDRESS

The initial post office address of the initial office of this corporation in the State of Florida is: 115 Ponce de Leon Blvd., Miami, FL 33135. The Board of Directors may, from time to time, move the principal office to any other address in Florida.

ARTICLE VII. DIRECTORS

The corporation shall have three (3) Director(s) initially. The number of Directors may be increased or diminished from time to time, by by-laws adopted by the stockholders, but shall never be less than one.

ARTICLE VIII. INITIAL DIRECTORS & OFFICERS

The names and post office addresses of the members of the first Board of Directors are:

<u>NAME</u>	<u>ADDRESS</u>	<u>OFFICE</u>
Gaetano Scuderi	115 Ponce de Leon Blvd. Miami, FL 33135	President/Director
Carlos Martinez	115 Ponce de Leon Blvd. Miami, FL 33135	Vice-President/Secretary/ Director
Ruben D. Reyes, Jr.	115 Ponce de Leon Blvd. Miami, FL 33135	Treasurer/Director

ARTICLE IX. SUBSCRIBERS

The names and post office addresses of each subscriber to these Articles of Incorporation are:

<u>NAME</u>	<u>ADDRESS</u>
Gaetano Scuderi	115 Ponce de Leon Blvd. Miami, FL 33135
Carlos Martinez	115 Ponce de Leon Blvd. Miami, FL 33135
Ruben D. Reyes, Jr.	115 Ponce de Leon Blvd. Miami, FL 33135

ARTICLE X. REGISTERED OFFICE AND REGISTERED AGENT

The registered office shall be 115 Ponce de Leon Blvd., Miami, FL 33135 and the registered agent shall be **Carlos Martinez**.

ARTICLE XI. AMENDMENT

The Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a stockholder's meeting by a majority of the stock entitled to vote thereon.


Incorporator/**GAETANO SCUDERI**


Incorporator/**CARLOS MARTINEZ**


Incorporator/**RUBEN D. REYES, JR.**

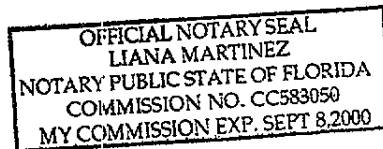
STATE OF FLORIDA)
 : SS
COUNTY OF MIAMI-DADE)

I HEREBY CERTIFY that on this day, before me, a Notary Public, duly authorized in the State and County named above to take acknowledgments, personally appeared **GAETANO SCUDERI, CARLOS MARTINEZ and RUBEN D. REYES, JR.**, described as subscribers in and who executed the foregoing described Articles of Incorporation, and they acknowledge before me that they executed the same, that I relied upon the following form of identification of the above-named persons: *FL Driver's License* , FL Driver's License and FL Driver's License, respectively, and that an oath was taken.

WITNESS my hand and official seal at Miami, Miami-Dade County, Florida, this 8th day of ~~August~~, 2000.
September


NOTARY PUBLIC

My commission expires:
AFFIX NOTARIAL SEAL



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 607, 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:

CARE FIRST OCCUPATIONAL HEALTH CENTER, INC.

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

Carlos Martinez
115 Ponce de Leon Blvd.
Miami, FL 33135

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 AT THE OFFICE ADDRESS, TO WIT: 115 Ponce de Leon Blvd., Miami, FL 33135, 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.



CARLOS MARTINEZ

9-8-00

Date

FILED
00 SEP 18 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA