

FROM : MIKE+VIVANCOS+ACC.SERVICES

PHONE NO. : 19549665273

Jan. 22 2001 09:28AM P1

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**Florida Department of State**

**Division of Corporations**

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**To:**

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

**From:**

Account Name : M.A.V. CORPORATE SERVICES  
Account Number : I20000000007  
Phone : (954) 989-4530  
Fax Number : (954) 966-5273

**FLORIDA PROFIT CORPORATION OR P.A.**

**BELLE GLADE FAMILY HEALTH GROUP INC.**

Certificate of Status	1
Certified Copy	0
Page Count	03 (4)
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION****OF****BELLE GLADE FAMILY HEALTH GROUP INC.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, we hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: **BELLE GLADE FAMILY HEALTH GROUP INC.**

The principal place of business of this corporation shall be:

**15-A WEST CANAL ST. NORTH  
BELLE GLADE, FLA. 33480**

**ARTICLE II NATURE OF BUSINESS**

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

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: **ONE HUNDRED (100) ONE DOLLAR PAR VALUE.**

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

**HORTENSIA ESCOTO**

**15-A WEST CANAL ST NORTH  
BELLE GLADE, FLA. 33480**

**NIEVES ALVAREZ**

**15-A WEST CANAL ST NORTH  
BELLE GLADE, FLA. 33480**

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**TALLAHASSEE, FLORIDA**

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The name(s) and street address(es) of the Incorporator(s) to these articles of incorporation is(are):

HORTENSIA ESCOTO-PRESIDENT

15-A WEST CANAL ST NORTH  
BELLE GLADE, FLA. 33480

NIEVES ALVAREZ-VICE-PRESIDENT

15-A WEST CANAL ST NORTH  
BELLE GLADE, FLA. 33480

IN WITNESS WHEREOF, the undersigned incorporator(s) has have executed these Articles of Incorporation this 20TH day of JANUARY, 2001

Signature(s) of Incorporator(s)

Hortensia Escoto

HORTENSIA ESCOTO

Nieves Alvarez

NIEVES ALVAREZ

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STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 20TH day of JANUARY, 2001, by HORTENSIA ESCOTO AND NIEVES ALVAREZ  
(Name of Incorporator)  
of BELLE GLADE FAMILY HEALTH GROUP INC.

(Name of Corporation)

[Signature]  
Notary Public

(SEAL)

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My Commission Expires: March 28, 2004



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**CERTIFICATE DESIGNATING**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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: BELLE GLADE FAMILY HEALTH GROUP INC.

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

HORTENSIA ESCOTO

15-A WESTA CANAL ST NORTH

(P. O. BOX NOT ACCEPTABLE)

BELLE GLADE, FLA. 33480

(CITY/STATE/ZIP)

SIGNATURE Hortensia Escoto

(Corporate Officer)

TITLE PRESIDENT

DATE JANUARY 20, 2001.-

01 JUN 22 AM 11:02  
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TALLAHASSEE, FLORIDA

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HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE Hortensia Escoto

(Registered Agent)

DATE JANUARY 20, 2001.-

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REGISTERED AGENT