

PO1000029491

Florida Department of State
Division of Corporations
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To:
Division of Corporations
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FILED
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DIVISION OF CORPORATIONS
01 MAR 22 AM 10:32

FLORIDA PROFIT CORPORATION OR P.A.

MULTI-CARE PHYSICIANS GROUP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MULTI-CARE PHYSICIANS GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**1200 S MAIN STREET SUITE 102
BELLEGLADE FL 33430-3030**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**JOANN AGUAYO
12990 SW 27 STREET
MIRAMAR FL 33027**

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ARTICLE V INCORPORATOR(S)

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

JOANN AGUAYO
12990-SW 27 STREET
MIRAMAR FL 33027

JANNY HERNANDEZ
12281 NW 8 STREET
PLANTATION FL 33325

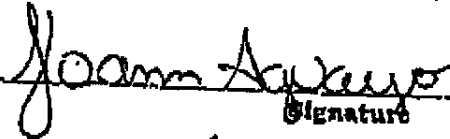
ARTICLE VI OFFICERS

PRESIDENT JOANN AGUAYO 50%
VICEPRESIDENT JANNY HERNANDEZ 50%

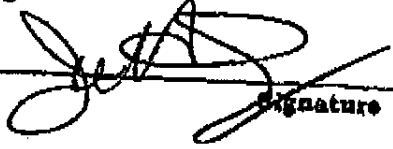
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20 **MARCH**
day of _____, 2001

(An additional article must be added if an effective date is requested.)



Signature



Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

The name of the corporation is:

MULTI-CARE PHYSICIANS GROUP INC

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

JOANN AGUAYO

NAME

12990 SW 27 STREET

(P.O. BOX OR MAIL DROP BOX NOT ACCEPTABLE)

MIRAMAR FL 33027

(CITY/STATE/ZIP)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

Joann Aguayo
(SIGNATURE)

03/20/2001

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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