

# PO1000040930

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H01000044240 9)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850)205-0381

**From:**

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 APR 23 PM 4:31

## FLORIDA PROFIT CORPORATION OR P.A.

### BETTER MEDICAL CARE, INC.

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

## 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:

BETTER MEDICAL CARE, INC.

### ARTICLE II. PRINCIPAL OFFICE

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

8415 AUBURN CIRCLE  
ORLANDO, FL 32817

### ARTICLE III. SHARES

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

6000 SHARES

### ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHENOUDA YOUSSEF  
8415 AUBURN CIRCLE  
ORLANDO, FL 32817

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 APR 23 PM 4:31

**ARTICLE V INCORPORATOR(S)**

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

SHENOUDA YOUSSEF-PRESIDENT  
8415 AUBURN CIRCLE  
ORLANDO, FL. 32817

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

22 day of APRIL, 2001

*Shenouda Youssef*

Signature

Signature

Signature

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

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: **BETTER MEDICAL CARE, INC.**
2. The name and address of the registered agent and office is:

**SHENOUDA YOUSSEF**  
(Name)

**8415 AUBURN CIRCLE**  
(P.O. Box not acceptable)

**ORLANDO, FL 32817**  
(City, State, Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designed 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.

*Shenouda Youssef*  
(Signature)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 APR 23 PM 4:31