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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Control Dynostic Care Corp.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

RECEIVED
01 JUN -4 PM 12:55
DIVISION OF CORPORATION

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

201A-33812

01 JUN -4 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
F11 FEB

Examiner's Initials

Date JUNE 1,2001

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re CONTROL DYNOSTIC CARE CORP., Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

(individual's name)

CONTROL DYNOSTIC CARE CORP.
(name of corporation)

MAILING ADDRESS OF CORPORATION		
7350 N.W. 7 ST.		
MIAMI FLORIDA 33126		
PHONE		
(786)	395-9085	
Area Code	Phone Number	Ext

ARTICLES OF INCORPORATION

CONTROL DIAGNOSTIC CARE, ^{of} CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

CONTROL DIAGNOSTIC CARE CORP.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par. value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	NANCY F. TAPANES		
ADDRESS	7350 N.W. 7 TH ST. SUITE 201 B		
CITY	MIAMI	STATE	FLORIDA
		ZIP	33126

The principal office, if known, or the mailing address of the corporation is:

NAME	CONTROL DYNOSTIC CARE CORP.		
ADDRESS	7350 N.W. 7 TH ST. SUITE 201 B		
CITY	MIAMI	STATE	FLORIDA
		ZIP	33126

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	NANCY F TAPANES		
ADDRESS	7350 N.W. 7 TH ST. SUITE 201 B		
CITY	MIAMI	STATE	FLORIDA
		ZIP	33126
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			

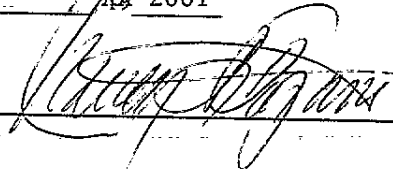
FILED
01 JUN - 4 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	NANCY F TAPANES		
ADDRESS	7350 N.W. 7ST. SUITE 201 B		
CITY	MIAMI	STATE	FLORIDA ZIP 33126
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 1 day of JUNE 15 2001

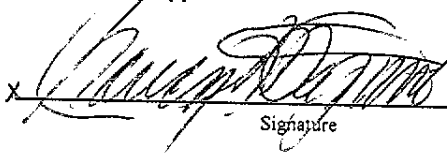

 _____ (Seal)
 _____ (Seal)
 _____ (Seal)

STATE OF FLORIDA

) SS #263-43-1665

COUNTY OF MIAMI-DADE

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:



 Signature

D.L. FL. # T152-626-54-671-0
 Form of Identification

Signature

Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that SHE executed these articles of Incorporation, that I relied upon the form _____ of identification of the above named person _____ as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this
1 day of JUNE 15 2001

Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

CONTROL DIAGNOSTIC CARE CORP.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation
at 7350 N.W. 7 ST SUITE 201 B

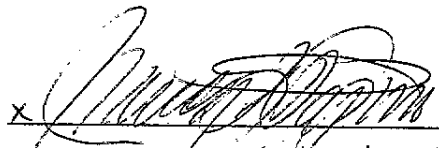
MIAMI FLORIDA 33126

has named NANCY F TAPANES

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)

FILED
01 JUN -14 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA