# LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 2. (Corporation Name) (Document #) (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Pick up time Walk in Certified Copy Mail out Will wait Photocopy Certificate of Status

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١	$\nearrow$	Profit
		NonProfit
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		Domestication
		Other

OTHER FILINGS	
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	Fictitious Name
	Name Reservation

AMENDMENTS	
Amendment	
Resignation of R.A., Office	er/Director
Change of Registered Age	nt
Dissolution/Withdrawal	$\overline{z}$
Merger	

REGISTRATION/ QUALIFICATION
Foreign
 Limited Partnership
 Reinstatement
 Trademark
Other

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## **ARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

#### ARTICLE - I - NAME:

The name of the corporation shall be:

SPECIAL CARE PEDIATRICS, CORP.

### ARTICLE - II - PRINCIPAL OFFICE:

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

10240 SW. 56 STREET, MIAMI, FL. 33165

#### ARTICLE - III - SHARES:

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

100 SHARES - \$5.00 EACH - PAR VALUE

## ARTICLE - IV - INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of initial registered agent are:

MARIA E. MEDINA CAPOTE, 10240 SW. 56 STREET, MIAMI, FL. 33165

### ARTICLE - V - INCORPORATOR:

The name and address of the incorporator to these Articles of Incorporation are:

MARIA E. MEDINA CAPOTE, 10240 SW. 56 STREET, MIAMI, FL. 33165 PRESIDENT/SECRETARY/TREASURY

monedera Capolo	6/5/01
Signature/Incorporator	Date

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

Signature/Registered Agent	Data
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