

PO1006101102

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
01 OCT 18 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

Medical Care Professionals Corp
(Proposed corporate name - must include suffix)

400004641454--2
-10/18/01--01004--019
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Morton M. Cohen

Name (Printed or typed)

2360 N.W. 36 Street

Address

Miami

FL

33142

City, State & Zip

305-218-7780

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

C. BLALOCK OCT 18 2001

ARTICLES OF INCORPORATION

FILED
01 OCT 18 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Medical Care Professionals, Corp.

ARTICLE II PRINCIPAL OFFICE

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

2360 N.W. 36 ST.
Miami, FL 33142

ARTICLE III SHARES

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

100 shares (one hundred)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Morten M. Cohen
2360 N.W. 36 street
Miami FL 33142

ARTICLE V INCORPORATOR(S)

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

Morten M. Cohen
2360 N.W. 36 St.
Miami FL 33142

Isaac Cohen
2360 N.W. 36 St.
Miami FL 33142

ARTICLE VI DIRECTOR(S)

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

Morten M. Cohen - President
2360 N.W. 36 St.
Miami FL 33142


Isaac Cohen - Vice President
2360 N.W. 36 St.
Miami FL 33142

Maria C. Barone - Secretary
2360 N.W. 36 St.
Miami FL 33142

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 10th day of October, 192001



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: Medical Care Professionals,
Cocp

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

Morton M. Cohen
(Name)

2360 N.W. 36 ST.
(P.O. Box not acceptable)

Miami FL 33142
(City/State/Zip)

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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.

M. Cohen
(Signature)

10/10/01
(Date)