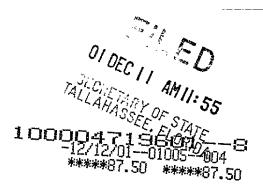
# P0/000//1607

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



SUBJECT: WE-CARE Family Medical Oxoup, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are 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  ADDITIONAL CO	& Certificate of Status
FROM:	RANON A. GONZALEZ  Name (Printed or typed)		
}	2704 GREEN Mendow Cin.  Address  Kissimmer, FC. 3474,  City, State & Zip		
-			
Daytime Telephone number (321/443-4811			

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

# **ARTICLES OF INCORPORATION**

OI DEC 11 AMII: 55 In compliance with Chapter 607 and / or Chapter 621. F.S. ( Profit)

### **ARTICLE!**

**4**5.

The name of the corporation shall be: We-Care Family Medical Group, Inc.

### **ARTICLE III**

The principal place of business/ mailing address is: 2900 17th Street, Suite 4 St. Cloud, Osceola County, Florida 34769

### ARTICLE III

The purpose for which the corporation is organized is: primarily engaged in the provision of health care services to the general public in the State of Florida through individual Professionals who are licensed to practice medicine in the State of Florida.

### **ARTICLE IV**

The number of shares of stock is: 3000

## **ARTICLE V**

The name and Florida street address of the register agent is: Ramon A. Gonzalez 2704 Green Meadow Cir. Kissimmee, Fl. 34741

### **ARTICLE VI**

The names and address of the incorporators are:

Mr. Ivan Reyes 942- Ardillita Ct. Winter Spring, Fl. 32708 Mrs. Lourdes D. Portalatin - 2704 Green Meadow Cir. Kissimmee, Fl. 34741

Mr. Zahid Memon 14226 Frederickburg Dr. Orlando, Fl. 32837

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Date

Signature/ Incorporator

Data