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TRANSMITTAL LETTER

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

700004898797--1  
-02/11/02--01016--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: PERSONAL HEALTH CARE, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

FILED  
02 FEB 11 PM 12:47  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

ADDITIONAL COPY REQUIRED

FROM: Kevin Whitehead

Name (Printed or typed)

101 Madeira Avenue

Address

Coral Gables, FL 33134

City, State & Zip

305-444-8226

Daytime Telephone number

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

8/2/14

FILED  
02 FEB 11 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

PERSONAL HEALTH CARE, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5799 S.W. 8<sup>th</sup> STREET  
MIAMI, FL 33144

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical office

## ARTICLE IV SHARES

The number of shares of stock is:

2 TOTAL. 1 SHARE FOR CARLOS ROIG  
1 SHARE FOR BEATRIZ VALDES ROIG

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

CARLOS ROIG, President  
BEATRIZ VALDES ROIG, Vice-President  
440 W. 65<sup>th</sup> STREET, MIAMI, FL 33012

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CARLOS ROIG  
440 W. 65<sup>th</sup> STREET  
MIAMI, FL 33012

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KEVIN WHITEHEAD  
101 MADONNA AVE.  
CORAL GABLES, FL 33134

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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 Carlos Roig

Date

1/28/02

Signature/Incorporator

Kevin Whitehead

Date

1/28/02