

Division of Corporations

**P02000035892****Florida Department of State**

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

**((H02000070859 2)))**

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations

Fax Number : (850) 205-0381

**From:**

Account Name : MEDGUARD BUSINESS CENTER, INC.

Account Number : I19990000019

Phone : (305) 389-2049

Fax Number : (305) 826-2165

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 APR -2 AM 9:57

**FLORIDA PROFIT CORPORATION OR P.A.****Health & Life Medical Card Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

**H020000708592**

### ***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:  
**Health & Life Medical Card Inc.**

#### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
**2750 West 68 Street Suite 224  
Hialeah, Florida 33016**

#### **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
**The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.**

#### **ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and Florida street address of the initial registered agent are:  
**Luis Del Pino  
2750 West 68 Street Suite 224  
Hialeah, Florida 33016**

#### **ARTICLE V INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:  
**Luis Del Pino  
2750 West 68 Street Suite 224  
Hialeah, Florida 33016**

#### **ARTICLE VI OFFICERS AND DIRECTORS**

**Luis Del Pino President  
2750 West 68 Street Suite 224  
Hialeah, Florida 33016**

  
\_\_\_\_\_  
Signature/Incorporator

4-2-02  
\_\_\_\_\_  
Date

( An additional article must be added if an effective date is requested. )

*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

4-2-02  
\_\_\_\_\_  
Date

**H020000708592**

02 APR -2 AM 9:57  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS