

TRANSMITTAL LETTER

P02000067191

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUN 18 AM 8:43

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-06/18/02--01009--015  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: AMERICAN PROFESSIONAL HEALTH CARE INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$87.50

☐ \$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: ARTHUR L. SUITE  
Name (Printed or typed)

7900 N.W. 33rd STREET, Suite# 101  
Address

DAVIE FLORIDA 33024-2246  
City, State & Zip

954 - 432-8532  
Daytime Telephone number

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

for 6-19  
(17)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUN 18 AM 8:43

ARTICLES OF INCORPORATION  
OF  
AMERICAN PROFESSIONAL HEALTH CARE INC.

ARTICLE I - NAME

The name of the corporation is AMERICAN PROFESSIONAL HEALTH CARE INC.  
(hereinafter called th "Corporation").

ARTICLE II - PURPOSE

The Corporation is organized for the purpose of transacting any or all  
lawful business for corporations organized under The Florida Business Corporation  
Act of the State of Florida.

ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue One hundred (100) shares of common  
stock without nominal or par value.

ARTICLE IV - INITIAL REGISTERED AGENT

The street address of the initial registered office of the Corporation is:  
7900 N.W. 33rd STREET, SUITE 101 DAVIE FLORIDA 33024, and the name of the initial  
registered agent of this Corporation at that address is ARTHUR L. SUITE.

ARTICLE V - MAILING ADDRESS

The mailing address of this Corporation is 7900 N.W. 33rd STREET, SUITE 101  
DAVIE, FLORIDA 33024.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

The Corporation shall have two (2) directors initially.  
The number of directors may be either increased or decreased from time to time  
as provided in the Bylaws of the Corporation, but shall never be less than two(2).  
The names and addresses of the initial directors of the Corporation are:

ARTHUR L. SUITE

1101 COLONY POINT CIRCLE BLDG.4 APT 411  
PEMBROKE PINES, FLORIDA 33026

SYDNEY O. SUITE

13451 LURAY ROAD  
SOUTHWEST RANCHES, FLORIDA 33330

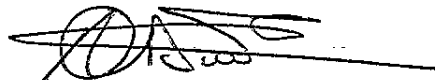
ARTICLE VII INCORPORATOR

The name and address of the person signing these Articles of Incorporation is:

ARTHUR L. SUITE

1101 COLONY POINT CIRCLE BLDG 4 APT 411  
PEMBROKE PINES, FLORIDA 33026

IN WITNESS WHEREOF, The undersigned Incorporator has executed these Articles of Incorporation this 14th day of JUNE 2002.

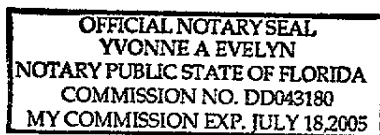
A handwritten signature in black ink, appearing to be 'AS', with a long horizontal line extending to the right.

INCORPORATOR

STATE OF FLORIDA     )  
COUNTY OF BROWARD    )

Before me, A Notary Public authorized to take acknowledgements in the State and County above set forth, personally appeared ARTHUR L. SUITE known to me to be the person who executed the foregoing articles of incorporation, and he acknowledged before me that he executed those articles of incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 14th day of June 2002.



A handwritten signature in cursive script, appearing to read "Yvonne A Evelyn".

Notary Public

State of Florida at Large

My commission expires:

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING THE ADDRESS  
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED

02 JUN 18 AM 8:44

W I T N E S S E T H

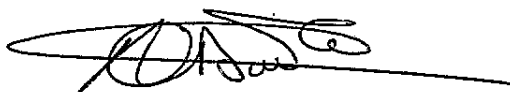
That AMERICAN PROFESSIONAL HEALTH CARE INC., desiring to organize under the laws of the State of Florida, has named ARTHUR L. SUITE as its agent to accept service of process within this State.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I accept the duties and obligations of Section 607.0505 of the Florida Statutes.

Dates this 14th day of June 2002

- 1101 COLONY POINT CIRCLE BLDG. 4 APT 411  
PEMBROKE PINES, FLORIDA 33026



Registered Agent