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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)205-0381

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**FLORIDA PROFTT CORPORATION OR P.A.**  
**OPTIMUM FAMILY CARE P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	04 5
Estimated Charge	\$78.75

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

AUG 08 2002

**ARTICLES OF INCORPORATION**

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do hereby adopt the following articles of incorporation:

**ARTICLE ONE**

The name of the corporation is,

Optimum Family Care P.A.

**ARTICLE TWO**

The duration of the corporation is perpetual.

**ARTICLE THREE**

The general purposes for which the corporation is organized are:

1. To engage in the business of

Medical Care

To transact any other lawful business for which corporations may be incorporated under the Florida General Corporation Act.

2. To do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

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DIVISION OF CORPORATIONS

**ARTICLE FOUR**

The aggregate number of shares which the corporation is authorized to issue is 100. Such shares shall be of a single class, and shall be \$ 5.00 par value.

**ARTICLE FIVE**

The corporation is authorized to issue only one class of stock, and all issued stock shall be held of record by not more than ten persons. Stock shall be issued and transferable only to natural persons.

**ARTICLE SIX**

No stockholder shall have the right to sell, assign, pledge, transfer, devise, or otherwise dispose of any of the share of the corporation without first offering such shares for sale to the corporation at the net asset value thereof.

**ARTICLE SEVEN**

The street address of the initial principal office of the corporation is 1841 Lake Cypress Dr., Safety Harbor, FL 34695.

ARTICLE EIGHT

The number of directors constituting the initial board of directors of the corporation is at least one. The name and address of each person who is to serve as a member of the initial board of directors is:

NAME	ADDRESS
Daniel H. Rodriguez President/Secretary	1841 Lake Cypress Dr. Safety Harbor, FL 34695

ARTICLE NINE

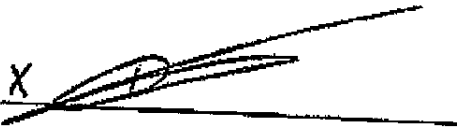
A unanimous vote of directors for effective director action is required at all directors meetings.

ARTICLE TEN

The name and address of each incorporator is:

NAME	ADDRESS
Daniel H. Rodriguez	1841 Lake Cypress Dr. Safety Harbor, FL 34695

Executed by the undersigned at Miami, Florida on July 23, 2002

X   
\_\_\_\_\_  
Daniel H. Rodriguez

**CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in  
compliance with said Act:

First- That Optimum Family Care P.A. desiring to organize under the laws of the  
State of Florida with its principal office, as indicated in the articles of incorporation at the  
City of Safety Harbor, County of Pinellas, State of Florida has named Daniel H.  
Rodriguez located at 1841 Lake Cypress Dr., City of Safety Harbor, County of Pinellas,  
State of Florida, 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 place designated in the certificate. I hereby accept to act in this capacity, and agree to  
comply with the provision of said Act relative to keeping open said office.

By:

X   
Daniel H. Rodriguez

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DIVISION OF CORPORATIONS  
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