

TRANSMITTAL LETTER

PO20000096537

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

300007469633-4
-09/03/02--01035--022
*****78.75 *****78.75

SUBJECT: Precision Care Physicians Group, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: Orlando Armas
Name (Printed or typed)

1065 N.W. 20th Ave.
Address

Del Ray Beach, FL 33445
City, State & Zip

561-573-8336
Daytime Telephone number

FILED
02 SEP -3 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Bm 9/16

**ARTICLES OF INCORPORATION
OF:**

PRECISION CARE PHYSICIANS GROUP, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following amended Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Precision Care Physician Group, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**540 E. Mc Nab Ste. A
Pompano Beach, FL 30060**

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is to engage in any act or legal activity under the Law of the State of Florida

ARTICLE IV - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

One Thousand (1000)

FILED
02 SEP -3 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Prepare by:
Garcia c/o Mar Financial Consultant
4471 N.W. 36th Street Ste. 233
Miami Springs, FL 33166
Phone(305) 889-5300

ARTICLE V - REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is

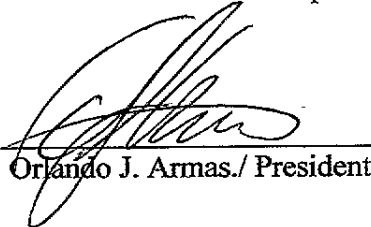
**Orlando J. Armas.
1065 N.W. 20th Ave..
Del Ray Beach, FL 33445**

ARTICLE VI- INCORPORATOR (S)

The name and address of the incorporator to these articles of incorporation is:

**Orlando J. Armas.
1065 N.W. 20th Ave.
Del Ray Beach, FL 33445**

The undersigned has(have) executed these articles of Incorporation this 01st day of August, 2002.


Orlando J. Armas./ President

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT
REGISTERED OFFICE**

Pursuant to the provisions of section 607-0501, Florida Statute, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

Precision Care Physicians Group, INC.

2. The name and address of the registered agent and office is:

**Orlando J. Armas,
1065 N.W. 20th Ave.
Del Rey Beach, FL 33445**

I hereby am familiar with and accept the duties and responsibilities as Registered Agent.

Signature: 

Date: August 01, 2002

FILED
02 SEP -3 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA