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SECRETARY OF STATE
TALLAHASSEE FLORIDAFlorida Department of State
Division of Corporations
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To:

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

From:

Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305) 358-2571
Fax Number : (305) 358-7832**FLORIDA PROFIT CORPORATION OR P.A.**
PHYSICIAN HEALTHCARD NETWORK, INC.

Certificate of Status	0
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Articles of Incorporation

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Article 1: Name of Corporation: **PHYSICIAN HEALTHCARD NETWORK, INC.**

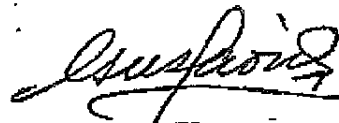
Address of Corporation: **10141 SW 77TH CT.
MIAMI, FLORIDA 33156**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **1,000**, with a par value of **\$1.00**.

Article 3: REGISTERED AGENT: **GUSTAVO G. LEON**

REGISTERED OFFICE: **10141 SW 77TH CT.
MIAMI, FLORIDA 33156**

*I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.



Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).
First listed is President, Second is Vice President, then Secretary/Treasurer.

1. **RAMON GONZALEZ, 10141 SW 77TH CT., MIAMI, FLORIDA 33156**
2. **GUSTAVO G. LEON, 10141 SW 77TH CT., MIAMI, FLORIDA 33156**
- 3.

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

**GUSTAVO G. LEON
10141 SW 77TH CT.
MIAMI, FLORIDA 33156**

In witness whereof, I have subscribed my name:



Signature of Incorporator

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