

PO 3000000625

(Requestor's Name)

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(City/State/Zip/Phone #)

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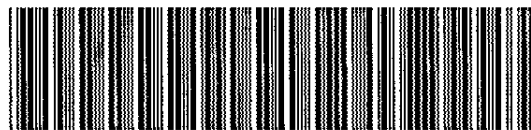
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2003 JAN -3 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
12-31-02

EX-1/3

TRANSMITTAL LETTER

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Lewis Healthcare Services, Inc.
(Proposed corporate name-must include suffix)

Enclosed are one original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing fee

☒ ~~\$78.75~~
~~Filing fee,~~
~~& Certificate~~

☐ \$122.50
Filing fee
& Certified Copy

☐ \$131.25
Filing fee,
Certified Copy
& Certificate

FROM: Clifton H. Rodriguez, C.P.A.
Name (printed or typed)

12/31/02
Bobbie: *CR*

3146 N.W. 68 Street

Ft. Lauderdale, Florida 33309

Voice: (954) 969-9380

I need an
effective date of
12/31/02 for these
articles. Call me if
you have any questions.
CR

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

ARTICLES OF INCORPORATION

For

Lewis Healthcare Services, Inc.

The undersigned subscribers(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

Article I-Name of the Corporation

The name of the corporation shall be:

Lewis Healthcare Services, Inc.

Article II-Nature or Purpose of the Business

The purpose of the corporation is to engage in any lawful activity permitted by the laws of this state. The corporation will provide healthcare services to its patients in the Tri-County area, and the State of Florida. The corporation will comply with any professional regulations imposed by state agencies within the State of Florida as well.

Article III-Principal Office

The principal business mailing address of this corporation shall be:

3146 NW 68 Street
Ft. Lauderdale, Florida 33309

Article IV-Number of Shares Authorized

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

One Thousand (1000)

(The par value of the corporation common stock will be \$1.00) Lois Maxine Lewis will own 100% of the outstanding shares of the corporation.

Article V-Initial Registered Agent

The name and address of the initial registered agent is:

Clifton H. Rodriguez, CPA
3146 NW 68 Street
Ft. Lauderdale, Florida 33309-1206

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

For

Lewis Healthcare Services, Inc.

Article VI-Subscriber (s)

Lois Maxine Lewi
4214 Inverrary Gardens Blvd
Apt No. 90-A
Lauderhill, Florida 33313

The undersigned incorporator(s) has executed these Articles of Incorporation this
31st day of December, 2002


(Signature)

Article VI: Perpetual Life of the Corporation

The corporation shall exist perpetually, or until such time that the Board of Directors and/or shareholder(s) decide to dissolve the corporation.

Article VII-Appointment of Officers & Directors

The subscriber(s) of this corporation has appointed the following officers and directors of the corporations. These officers and directors will serve in accordance with the bylaws of the corporation:

<u>Name</u>	<u>Address</u>	<u>Title</u>
1. Lois Maxine Lewis	4214 Inverrary Gardens Blvd Apt No. 90-A Lauderhill, Florida 33313	President/CEO/Dir
2. Sherryl Whyley	4214 Inverrary Gardens Blvd Apt No. 90-A Lauderhill, Florida 33313	Corporate Sec/Dir
3.Clifton H. Rodriquez, CPA	3146 NW 68 Street, Suite No.1 Ft. Lauderdale, Florida 33309	Board Advisor/Ex-Of

ARTICLE VIII-EFFECTIVE DATE

12/31/02

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

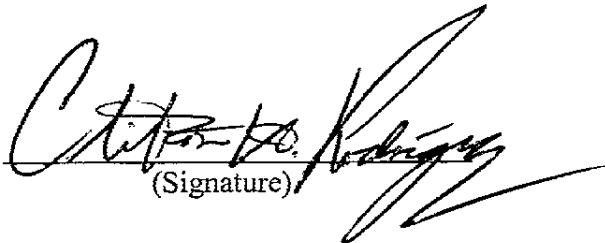
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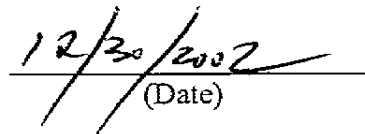
PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN... DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is **Lewis Healthcare Services, Inc.**
2. The name and address of the registered agent and office are as follows:

**Clifton H. Rodriguez, CPA
3146 NW 68 Street
Suite No.1
Ft. Lauderdale, Florida 33309-1206**

Having been named as registered agent and to accept service 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 obligation of my position as registered agent.


(Signature)


(Date)