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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)		
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CORPORATION NAME(s) & DO	CUMENT NUMBER(S) (if known):	
1. FLORWA MEDCARE GROUP, INC.		
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
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NEW FILINGS	AMENDMENTS Amendment	
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OTHER FILNGS	REGISTRATION/ QUALIFICATION	
Annual Report Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
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Trademark

Examiner's Initials

Other

# ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming  $S_{CRE}$   $S_{RE}$   $S_{RE}$  corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation shall be:

FLORIDA MEDCARE GROUP, INC

### ARTICLE II - PRINCIPAL OFFICE

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

10761 SW 176 STREET MIAMI, FL. 33167.

# ARTICLE III -SHARES

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

500 SHARES AT \$ 1.00 EACH

## ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DANIELAJETE 10761 SW. 176 STREET MIAMI, FL 33167

# ARTICLE V - INCORPORATOR

O3 JAN PILED PARES > The name and street address of the incorporator to these Articles *Incorporation is:* 

DANIEL AJETE-DPVST.-10761 SW. 1760ST.MIAMI, FL 33167

The undersigned incorporator has executed these Articles of Incorporation this 24 day of JANUARY 20 03

# ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of *Incorporation is (are):* 

DANIEL AJETE.-10761 SW. 176 ST.MIAMI, FL 33167

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature