

PO3000018681

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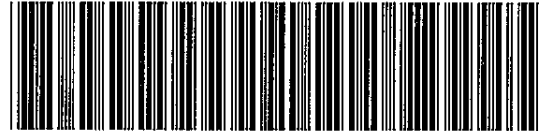
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02/12/03--01023--004 \*\*472.50

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

13 FEB 12 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 FEB 17 AM 8:35

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WD3-4295

2-18-03  
28

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. PHYSICIANS HEALTH MED-CARE INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time \_\_\_\_\_

☒ Certified Copy

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |  |
|--------------------------|--|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Ken Detzner  
Secretary of State

February 13, 2003

EXPRESS CORPORATE FILINGS SERVICE INC

SUBJECT: PHYSICIANS HEALTH CARE MED-CARE INC.  
Ref. Number: W03000004295

RECEIVED  
03 FEB 17 AM 9:58  
CORPORATE FILINGS  
DIVISION  
TALLAHASSEE, FLORIDA

We have received your document for PHYSICIANS HEALTH CARE MED-CARE INC. and your check(s) totaling \$472.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

CHECK THE ADDRESS ON YOUR DOCUMENT.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6930.

Donna Graves  
Document Specialist  
New Filing Section

Letter Number: 703A00009735

ARTICLES OF INCORPORATION  
FOR  
PHYSICIANS HEALTH MED-CARE INC.

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

ARTICLE I NAME

The name of the corporation shall be:

PHYSICIANS HEALTH MED-CARE INC.

03 FEB 17 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

8150 SW 8 STREET  
SUITE: 113  
MIAMI, FL 33144

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

100

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent shall be:

RONALD E. HARRIS  
8150 SW 8 STREET SUITE: 113  
MIAMI, FL 33144

ARTICLE V INCORPORATOR

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

RONALD E. HARRIS  
8150 S.W. 8 STREET SUITE 113  
MIAMI, FL 33144

Ronald E. Harris  
Signature of Incorporator

2/11/03  
Date

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TALLAHASSEE, FLORIDA

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the Director(s)/Officer(s) shall be:

RONALD E. HARRIS (P)  
8150 SW 8 STREET SUITE 113  
MIAMI, FL 33144

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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 obligations of my position as registered agent.

Ronald E. Harris  
Signature

2/11/03  
Date