

# PO3000047630

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**TRUE CARE MEDICAL SERVICES INC.**

Certificate of Status	0
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FILED  
03 APR 29 AM 8:42  
STATE  
TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION

OF

TRUE CARE MEDICAL SERVICES INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: TRUE CARE MEDICAL SERVICES INC.

The principal place of business of this corporation shall be:  
20900 SW. 376 ST.  
HOMESTEAD, FL. 33034

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$ 10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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TALLAHASSEE, FLORIDA

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

EMIGDIO A. CAMPOS  
20900 SW. 376 ST.  
HOMESTEAD, FL. 33034

DIRECTOR

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

EMIGDIO A. CAMPOS  
20900 SW. 376 ST.  
HOMESTEAD, FL. 33034

PRESIDENT, SECRETARY & TREASURER  
100 shares

The undersigned has(have) executed these Article of Incorporation this 28 th. day of April, 2003.

  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 507.0501 or 617.0501, Florida Statutes, 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: \_\_\_\_\_  
TRUE CARE MEDICAL SERVICES INC.
  
2. The name and address of the registered agent and office is EMIGDIO A. CAMPOS  
(Name)  
20900 SW. 376 ST.  
(P. O. BOX NOT ACCEPTABLE)  
HOMESTEAD, FLORIDA 33034  
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 4-28-03

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 BY CLERK  
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