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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

health learning centers, inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Health Learning Centers, Inc.

(4) The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

Health Learning Centers, Inc.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

11110 NW 11 Terrace
Coral Springs, Florida 33071

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 1000 shares having an individual par value of \$1.00

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Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

Edward Fiore
11110 NW 11 Terrace
Coral Springs, Florida 33071

ARTICLE VII

The name and address of the initial board of director(s) shall be:

Edward Fiore
11110 NW 11 Terrace
Coral Springs, Florida 33071

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

Edward Fiore
11110 NW 11 Terrace
Coral Springs, Florida 33071

The undersigned has executed these Articles of Incorporation this 11th
day of August, 2003

x Edward Fiore
INCORPORATOR

TOTAL P.04

FILED

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Health Learning Centers, Inc.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT
SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT
THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

X 

REGISTERED AGENT

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