

P04000006597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300024792903

01/07/04--01040--008 \*\*78.75

FILED  
04 JAN -7 PM 1:11 RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JAN 04 JAN -7 PM 12:33  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

js

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

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

1. CONTINENTAL HEALTH NETWORK DISCOUNT  
(Corporation Name) (Document #)
2. CARD, INC.  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

SECRET  
TALLAHASSEE, FLORIDA  
01 JAN -7 PM 1:41

FILED

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/ 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

**ARTICLES OF INCORPORATION**

**FOR**

**CONTINENTAL HEALTH NETWORK DISCOUNT CARD, 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:

**CONTINENTAL HEALTH NETWORK DISCOUNT CARD, INC.**

**ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

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

999 Ponce de Leon Boulevard  
PH 1120  
Coral Gables, Florida 33134

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorizes to have outstanding at any one time is 100 shares of common stock having a par value of \$1.00 per share.

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Ana M. Veliz, Esq.  
Penthouse 1120  
999 Ponce De Leon Boulevard  
Coral Gables, Florida 33134

**ARTICLE V INCORPORATOR**

The names and street address of the incorporator to these Articles of Incorporation is:

Ana M. Veliz  
PH 1120  
999 Ponce de Leon Boulevard  
Coral Gables, Florida 33134

FILED  
04 JAN -7 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

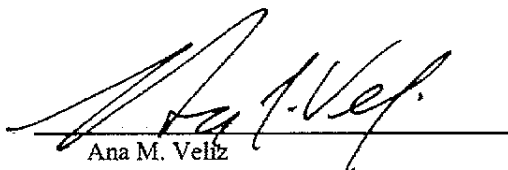
**ARTICLE VI DIRECTORS**

The name and street address of the director to these Articles of Incorporation is:

Ana M. Veliz  
999 Ponce de Leon Boulevard  
PH 1120  
Coral Gables, Florida 33134

The Undersigned Incorporators have executed these Articles of Incorporation this 6th day of January, 2004.

Signature(s) of the Incorporator(s)

  
Ana M. Veliz

FILED  
04 JAN -7 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION**

**REGISTERED AGENT/REGISTERED OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
ANA M. VELIZ, ESQUIRE

DATE 1/6/2004