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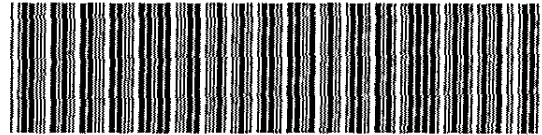
(Business Entity Name)

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6-11

✓

**TRANSMITTAL LETTER**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**SUBJECT:** FLORIDA HEALTH CARE SYSTEMS, INC. OF MIAMI  
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Karl S.H. Brown, Esq.

190 NE 199<sup>th</sup> Street, Suite 207

Miami, Florida 33179

(305)655.2232

**NOTE:** Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 7, 2004

KARL S.H. BROWN, ESQ.  
190 NE 199TH ST  
SUITE 207  
MIAMI, FL 33179

SUBJECT: FLORIDA HEALTH CARE SYSTEMS, INC.  
Ref. Number: W04000017755

We have received your document for FLORIDA HEALTH CARE SYSTEMS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6884.

Shawn Logan  
Document Specialist  
New Filings Section

Letter Number: 704A00031857

## **ARTICLES OF INCORPORATION**

**In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

### **ARTICLE I NAME**

**The name of the corporation shall be:**

FLORIDA HEALTH CARE SYSTEMS, INC., OF MIAMI

### **ARTICLE II PRINCIPAL OFFICE**

**The principal place of business/mailing address is:**

10914 S.W. 184<sup>th</sup> Street  
Miami, Florida 33157

### **ARTICLE III PURPOSE**

**The purpose for which the corporation is organized is:**

For any lawful purpose.

### **ARTICLE IV SHARES**

**The number of shares of stock is:**

1000

### **ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

**The name(s) and address(es):**

#### **President**

Karen Wright  
15448 S.W. 150<sup>th</sup> Street  
Miami, Florida 33196

#### **Vice President**

### **ARTICLE VI REGISTERED AGENT**

**The name and Florida street address registered agent is:**

Karl S.H. Brown, Esq.  
190 NE 199<sup>th</sup> Street, Suite 207  
Miami, Florida 33179

### **ARTICLE VII INCORPORATOR**

**The name and address of the Incorporator is:**


Karen Wright  
15448 S.W. 150<sup>th</sup> Street  
Miami, Florida 33196

FILED  
04 JUN 11 PM 12:43  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate,  
I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Signature/Registered Agent

6.8.04  
Date

  
Signature/Incorporator

6-8-04  
Date

FILED

04 JUN 11 PM 12:46