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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 COMPAN  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

**patient care of miami, inc.**

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**ARTICLES OF INCORPORATION**  
**OF**  
**PATIENT CARE OF MIAMI, INC.**

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: PATIENT CARE OF MIAMI, 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:  
175 FONTAINEBLEAU BLVD., SUITE 1-A4, MIAMI, FL 33172

**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 is 100 shares common stock having an individual par value of \$ 1.00

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

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## ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: MAYLING GANUZA, 175 FONTAINEBLEAU BLVD., SUITE 1-A4, MIAMI, FL 33172

## ARTICLE VII

The name and address of the officers and board of directors shall be:

**PRES/DIR**

MAYLING GANUZA 175 FONTAINEBLEAU BLVD., SUITE 1-A4  
MIAMI, FL 33172

## ARTICLE VIII

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

EMPIRE CORPORATE KIT OF AMERICA, INC.  
2444 NW 7<sup>TH</sup> PLACE  
MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 15<sup>th</sup> day of MARCH, 2005.

  
INCORPORATOR


Ray Stormont Signing for  
Empire Corporate Kit of America, Inc.

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

PATIENT CARE OF MIAMI, INC.  
(Name of Corporation)

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.

  
REGISTERED AGENT

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