

To: +1 (850) 205  
Subject:

From: Patricia T. Lock

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**PO500010685/**

Florida Department of State  
Division of Corporations  
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To:

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

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From:

Account Name : CORPODIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

0852.40756

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

**PRO HEALTHCARE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02 03
Estimated Charge	\$78.75

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To: '1 (850) 205-0381'  
Subject

From: Patricia Tadlock

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8/1/2005 9:50

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Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 1, 2005

CORPDIRECT AGENTS

SUBJECT: PRO HEALTHCARE, INC.  
REF: W05000036121

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the address for the registered agent and incorporator.,

If you have any further questions concerning your document, please call (850) 245-6929.

Justin M Shivers  
Document Specialist  
New Filings Section

FAX Aud. #: E05000182204  
Letter Number: 305A00049523

To: +1 (850) 205-0381  
Subject:

From: Patricia Tadlock

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# 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:

Pro Healthcare, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1948 NE 123<sup>rd</sup> Street  
North Miami, FL 33181

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

SPENCER H. BARON, DC  
1948 NE 123<sup>rd</sup> Street  
North Miami, FL 33181  
President &  
Director

JOY BARON  
same  
TREASURER &  
Director

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SPENCER BARON, DC.  
1948 NE 123<sup>rd</sup> Street  
North Miami, FL 33181

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SPENCER BARON, DC  
1948 NE 123<sup>rd</sup> Street  
North Miami, FL 33181

.....  
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

Signature/Incorporator

7/15/05  
Date

7/15/05  
Date

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