POC000008875

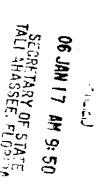
	}			
(Requesto	r's Name)			
	{			
(Address)	į			
(4.11				
(Address)	ì			
(City/State	/Zip/Phone #)			
(0.9)				
PICK-UP	WAIT MAIL			
(Business Entity Name)				
	:			
(Document Number)				
Certified Copies	Certificates of Status			
	}			
Special Instructions to Filing Officer:				
	;			
	:			

Office Use Only



600063147306

01/18/06--01008--026 **87.50



18W 2.3 20051

COVER LETTER

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

\$70.00

\$78.75

SUBJECT: FLORIDA HEALTH CARE REFERRAL SERVICES, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
	t :		
	,		
FROM: M	ARIA L. DIAZ		
	Name	(Printed or typed)	
	743 WEST 53 STREET		
	(Address	
	HIALEAH, FLORIDA 3301	2	
	City	, State & Zip	
	: (305) 318-8790		
	Daytime Telephone number		

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

▼ \$87.50

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 REFERRAL SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

743 WEST 53 STREET, HIALEAH, FLORIDA 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARIA L. DIAZ, PRÉSIDENT/VICE PRESIDENT 743 WEST 53 STREET HIALEAH, FLORIDA 33012

ARTICLE VI REGISTERED AGENT

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

ENRIQUE J. DIAZ 3901 NW 79 AVENUE SUITE 108 MIAMI, FLORIDA 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIA L. DIAZ 743 WEST 53 STREET HIALEAH, FLORIDA 33012

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

JANUARY 10, 2006

Date

JANUARY 10, 2006

Date

Signature/Incorporator