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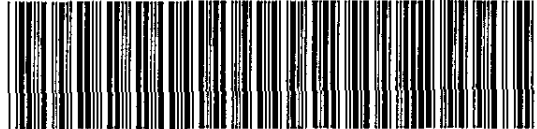
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EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

City/State/Zip

(305) 444-4994

Phone #

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

1. Premier Family Healthcare, Inc.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

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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

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Examiner's Initials

## **ARTICLES OF INCORPORATION**

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

### **ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

**PREMIER FAMILY HEALTHCARE, INC.**

### **ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

**13060 DEVA STREET  
CORAL GABLES, FLORIDA 33156**

### **ARTICLE III SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

**500 SHARES OF COMMON STOCKS; \$1.00 PAR VALUE**

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

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

**THERESA M. B. REMEDIOS, DO  
13060 DEVA STREET  
CORAL GABLES, FLORIDA 33156**

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**ARTICLE V INCORPORATOR(S)**

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE)

**THERESA M. B. REMEDIOS, DO  
13060 DEVA STREET  
CORAL GABLES, FLORIDA 33156**

**ARTICLE VI DIRECTOR(S)**

THE NAME(S) AND STREET ADDRESS(ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

**THERESA M. B. REMEDIOS, DO  
PRESIDENT – SECRETARY – TREASURER  
13060 DEVA STREET  
CORAL GABLES, FLORIDA 33156**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15<sup>th</sup> day of FEBRUARY, 2006.

SIGNATURE

  
Incorporator

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

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

**PREMIER FAMILY HEALTHCARE, INC.**

2. The name and address of the registered agent and office is:

NAME : **THERESA M.B. REMEDIOS, DO**

ADDRESS: **13060 DEVA STREET**

(P.O. Box not acceptable)

**MIAMI, FLORIDA 33156**

(City/State/Zip Code)

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.

SIGNATURE

*Theresa Remedios*

DATE

**FEBRUARY 15<sup>th</sup>, 2006**

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