

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

Account Name : EMPIRE CORPORATE KIT COMPANY

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

## FLORIDA PROFIT/NON PROFIT CORPORATION

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## ARTICLES OF INCORPORATION

OF

#### HEALTH CARE RESOURCE INSTITUTE, INC.

I the undersigned sole subscriber to these Articles of Incorporation, being a natural person competent to contract, hereby endeavor to establish a Florida corporation for profit.

#### ARTICLE I.

The name of this corporation shall be: HEALTH CARE RESOURCE INSTITUTE, INC.

#### ARTICLE II.

The corporation may engage in any or all lawful business permitted under the laws of the State of Florida.

## ARTICLE III.

The maximum authorized capital stock of this corporation shall be One Thousand Shares (1,000) of common stock with a par value of One dollar (\$1.00) per share.

#### ARTICLE IV.

The street address of the corporation's initial registered office and principal place of business shall be 7520 Northwest 12th Street, Plantation, Florida 33313-5922. The name of the corporation's initial registered agent at this address shall be Stephen M. Levine. The principal place of business is 7520 Northwest 12th Street, Plantation, Florida 33313-5922.

MCCLEARY & MCCLEARY, P.A. 7461 Northwest 4th Street Plantation, Florida 33317-2216

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#### ARTICLE V.

This corporation shall be managed by the stockholders of the corporation rather than by a board of directors.

### ARTICLE VI.

The sole incorporator is Stephen M. Levine of 7520 Northwest 12th Street, Plantation, Florida 33313-5922.

#### ARTICLE VII.

The initial officers of the corporation are:
 President - Stephen M. Levine
 Secretary - Helene M. Fearon
 Treasurer - Helene M. Fearon

#### EXECUTION

Being the sole incorporator, I hereby execute these Articles of Incorporation.  $\dot{\epsilon}$ 

Stephen M. Levine

#### ACKNOWLEDGMENT

In witness whereof, I hereunto set me hand and saal this 27 day of June , 2006.

Stephen M. Levine

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## ACCEPTANCE OF DESIGNATION

Having been named to accept service of process for the above stated corporation as specified in ARTICLE IV., I hereby agree to act in this capacity.

Stephen M. Levine

State of Florida)
County of Broward)

Witness my hand and seal in the County and State aforesaid on the above date.

My commission expires:

1-14-2010

Notary Public State of Florida Julianna M Martin My Commission DD908737 Explose 01/14/72/10

CORP. LESS SERVINE CORP.