

PO7000078893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

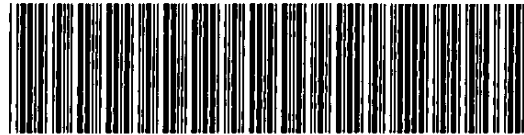
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800104105148

06/11/07--01036--008 \*\*78.75

FILED  
07 JUL 11 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ra

## TRANSMITTAL LETTER

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

**SUBJECT:** Brighter Days Physician Group Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Rodolfo Pichardo

Name (Printed or typed)

1085 East 4th Avenue. Suite. C-1

Address

Hialeah, Florida 33010

City, State & Zip

(786) 385-4968

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 12, 2007

RODOLFO PICHARDO  
1085 EAST 4TH AVENUE, SUITE C-1  
HIALEAH, FL 33010

SUBJECT: BRIGHTER DAYS PHYSICIAN GROUP INC.  
Ref. Number: W07000027878

We have received your document for BRIGHTER DAYS PHYSICIAN GROUP INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6052.

Paisley A Alford  
New Filing Section  
Division of Corporations

Letter Number: 107A00039561

## 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:

Brighter Days Physician Group Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1085 East 4th Avenue  
Suite. C-1  
Hialeah, Florida 33010

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Health Care Organization

### ARTICLE IV SHARES

The number of shares of stock is:

60

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Rodolfo Pichardo

### ARTICLE VI REGISTERED AGENT

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

1085 East 4th Avenue , Suite. C-1 Hialeah, Florida 33010

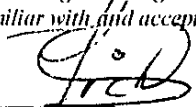
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Rodolfo Pichardo  
19501 West Oakmont Drive  
Hialeah, Florida 33015

\*\*\*\*\*

*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

6-7-2007  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

6-7-2007  
\_\_\_\_\_  
Date

FILED  
07 JUL 11 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA