

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000249289 3)))



H080002492893,ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : 120000000146 Phone : (305) 444-4994 Fax Number : (305) 444-4977 FLORIDA PROFIT/NON PROFIT CORPORATION

1 PROFESSIONAL CARE CENTER INC.

El 11/5/08

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

Electronic Filing Menu

Corporate Filing Menu

Help

11/04/2008

ET LEEDT L CHE WE

(((H08000249289)))

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

1.

The name of the corporation shall be:

1 PROFESSIONAL CARE CENTER INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 865 EAST 10TH AVENUE

HIALEAH FL 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): ADELIS MASSON - PD 865 EAST 10TH AVENUE HIALEAH FL 33010

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: ADELIS MASSON 865 EAST 10TH AVENUE HIALEAH FL 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: ADELIS MASSON 865 EAST 10TH AVENUE HIALEAH FL 33010

Signature/Registered Agent	11/03/2008 Date
Signature/incorpositor	11/03/2008 Dato

84:62 BOOS EO ^ON ECES