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FILED
09 AUG 14 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B McKnight AUG 17 2009

AUGUST 10, 2009

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: **PERENNIAL HEALTHCARE ASSOCIATES, P.A.**

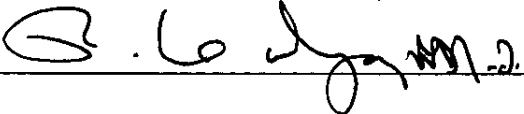
GENTLEMEN:

ENCLOSED HERewith ARE THE ARTICLES OF INCORPORATION TOGETHER WITH
A COPY OF SAID ARTICLES FOR **PERENNIAL HEALTHCARE ASSOCIATES, P.A.**

OUR CHECK IN THE AMOUNT OF \$70.00 INCLUDES THE FOLLOWING:

| | |
|------------------|-----------------|
| FILING FEE | |
| CHARTER TAX | |
| REGISTERED AGENT | TOTAL: \$ 70.00 |

RESPECTFULLY SUBMITTED,



| | |
|----------------|--|
| SIGNER'S NAME: | RAMON F. CABREJA |
| ADDRESS: | 14520 SW 65 AVENUE CORAL GABLES, FL 33158 |
| DAYTIME PHONE: | 786-252-0389 |

ARTICLES OF INCORPORATION
OF
PERENNIAL HEALTHCARE ASSOCIATES, P.A.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be **PERENNIAL HEALTHCARE ASSOCIATES, P.A.**

ARTICLE II PURPOSE

The corporation is being organized for the sole and specific purpose of rendering professional medical services in accordance with the laws of the State of Florida and the United States.

ARTICLE III CAPITAL STOCK

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is TEN THOUSAND (10,000) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE IV DURATION

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE V INITIAL REGISTERED AGENT

The name and address of the initial registered agent is:

RAMON F. CABREJA
14520 SW 65 AVENUE
CORAL GABLES, FL 33158

ARTICLE VI INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

RAMON F. CABREJA
14520 SW 65 AVENUE
CORAL GABLES, FL 33158

ARTICLE VII PRINCIPAL OFFICE

The initial street address of the principal office of the corporation shall be:

14520 SW 65 AVENUE
CORAL GABLES, FL 33158

ARTICLE VIII DIRECTORS

The number of Directors of this corporation shall be at least one (1) and no more than ten (10).

The name and street address of the member of the first Board of Directors of this Corporation is as follows:

RAMON F. CABREJA
14520 SW 65 AVENUE
CORAL GABLES, FL 33158

ARTICLE IX SUBSCRIBER

The name and address of the person signing these Articles of Incorporation as subscriber is as follows:

RAMON F. CABREJA
14520 SW 65 AVENUE
CORAL GABLES, FL 33158

IN WITNESS WHEREOF, the undersigned, RAMON F. CABREJA, competent to contract, has hereunto set his hand and seal this 12TH day of August, 2009.

Ramon F. Cabreja
RAMON F. CABREJA

STATE OF FLORIDA
COUNTY OF BROWARD

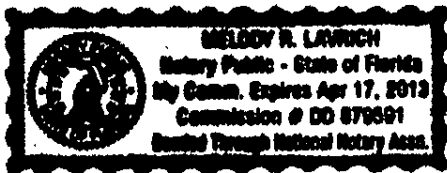
BEFORE ME, the undersigned Notary Public of the State of Florida, personally appeared RAMON F. CABREJA, known to me to be the individual described in and who executed the foregoing Articles of Incorporation, who acknowledged before me that he executed the same freely and voluntarily for the purpose therein expressed.

(Check ☒ He is personally known to me
One) ☐ He provided the following type of identification:

WITNESS my hand and official seal this 12 day of August, 2009.

Melody R. Larrich
Notary Public, State of Florida
My commission expires: 4/17/13

Notary Seal:



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS
MAY BE SERVED**

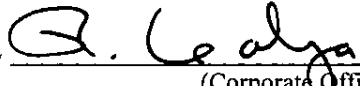
IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED:

FIRST THAT **PERENNIAL HEALTHCARE ASSOCIATES, P.A.**
WITH ITS PLACE OF BUSINESS AT **14520 SW 65 AVENUE**
CORAL GABLES, FL 33158

HAS NAMED **RAMON F. CABREJA**
LOCATED AT **14520 SW 65 AVENUE**
CORAL GABLES, FL 33158

AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE 
(Corporate Officer)

TITLE PRESIDENT

DATE 8/12/09

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE
TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE
PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF
SECTION 607.325 FLORIDA STATUTES.

SIGNATURE 
(Registered Agent)

DATE 8/12/09

BUREAU OF CORPORATE RECORDS, P.O. BOX 6327, TALLAHASSEE, FL 32314