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S 2.3	Address:			

# FLORIDA PROFIT/NON PROFIT CORPORATION PARTNERS IN HEALTH CARE CENTERS, INC.

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# ARTICLES OF INCORPORATION OF

The undersigned incorporator (s), for the purpose of forming a corporation under the Fiorida general Corporation Act, hereby adopt(s) the following Articles of incorporation.

#### Article I NAME

The name of the corporation shall be:

### PARTNERS IN HEALTH CARE CENTERS, INC.

The principal place of business of this corporation shall be:

1814 NE 19<sup>TH</sup> STREET FORT LAUDERDALE, FL 33311

## ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value this corporation is authorized to have outstanding at any one time is: 100 shares.

# ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

JEAN-RONY JEAN MARY, M.D. 7300 NW 45<sup>TH</sup> COURT LAUDERHILL, FL 33319 PRESIDENT

LAURA ANGLADE 1814 NE 19<sup>TH</sup> STREET FORT LAUDERDALE, FL 33311 COO

FABIENNE REGINE VENDRYS 153 NE 97<sup>TH</sup> STREET MIAMI SHORES, FL 33138

**CEO** 

#### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 17TH of MAY, 2010.

FABIENNE REGINE VENDRYS 153 NE 97<sup>TH</sup> STREET MIAMI SHORES, FL 33138

Signature(s) of Incorporator

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607,325, 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:

PARTNERS IN HEALTH CARE CENTERS, INC.

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

## FABIENNE REGINE VENDRYS

(P O BOX NOT ACCEPTABLE)

153 NE 97<sup>TH</sup> STREET MIAMI SHORES , FL 33138

(CITY/STATE/ZIP)

Signature .

Title \_\_\_\_ CEO

Date May 17, 2010

2010 MAY 17 A IC 41
SECRETARY OF STATE
AND ANASSEE, FLORID

HAVING BEEN NAMED TO ACCEPT 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

Date \_\_\_\_\_May 17, 2010