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FLORIDA PROFIT/NON PROFIT CORPORATION GEMINI HEALTH CARE MANAGEMENT INC

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**ARTICLES OF INCORPORATION
OF**

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be: **Gemini Health Care Management Inc**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
477 East 12th Street, Hialeah FL 33010

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ARTICLE III PURPOSE

The purpose of this corporation shall be: **Health Care Management and Utilization Review Consulting**

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

100

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:
477 East 12th Street, Hialeah FL 33010

Jose Macias Rodriguez

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ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be: Jose Macias Rodriguez
477 East 12th Street, Hialeah FL 33010

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ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be: Jose Macias Rodriguez (president
477 East 12th Street, Hialeah FL 33010

ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Jose Macias Rodriguez
477 East 12th Street, Hialeah FL 33010

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The undersigned has (have) executed these Articles of Incorporation this ____ day of
_____, 2013.

Incorporator Signature

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERD OFFICE**

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE
APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES,
AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION
AS REGISTERED AGENT.**

REGISTERED AGENT SIGNATURE

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