

**P15000041332**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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H150001107133ABCT

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.  
Account Number : I20110000057  
Phone : (786) 362-0124  
Fax Number : (786) 620-2583

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY - 7 AM 10:58

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
OPTICARE MEDICAL CENTER INC**

Certificate of Status	0
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May 7, 2015

FLORIDA DEPARTMENT OF STATE

ALLSTATE MEDICAL CONSULTING, INC. Division of Corporations

SUBJECT: OPTICARE MEDICAL CENTER INC  
REF: W15000032453

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The last page of the document is not legible.

You must list at least one incorporator with a complete business street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: W15000110713  
Letter Number: 215A00009562

15 MAY -7 PM 2:27  
15 MAY -7 PM 2:27  
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P.O BOX 6327 - Tallahassee, Florida 32314

APPROVED  
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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 MAY -7 AM 10:51

**ARTICLE I NAME**  
The name of the corporation shall be: OPTICARE MEDICAL CENTER INC

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

6850 SW 24 ST. SUITE 304

MIAMI, FL 33155

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>P RODRIGUEZ, YAMARY</u>	Name and Title:	_____
Address	<u>6850 SW 24 ST. SUITE 304</u>	Address:	_____
	<u>MIAMI, FL 33155</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

02/19/2014 18:17 FAX

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001

15 MAY -7 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: RODRIGUEZ, YAMARY  
Address: 6850 SW 24 ST. SUITE 304  
MIAMI, FL 33155

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: RODRIGUEZ, YAMARY  
Address: 6850 SW 24 ST. SUITE 304  
Miami, FL 33155

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

\_\_\_\_\_  
Required Signature/Registered Agent

5/6/15.  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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

5/6/15  
Date