**Division of Corporations** Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

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Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019

: (305)552-5973

Fax Number

: (305)675-5944

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

Email	Address:	

## FLORIDA PROFIT/NON PROFIT CORPORATION RBM HEALTHCARE, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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## ARTICLES OF INCORPORATION H 1 5 0 0 0 1 9 9 4 7 3 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:	
RBM Health Care, Coxp.	
KOM Health Care, Coxp.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
3750 W 16 ave suite 142au. Hialeah 33012 FLORIDA	
FITATOAN SOUTE FEORIEN	
AND TO THE STREET OF THE STREE	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Rebeca Berra (P)	
Neoreta Neicker	
TALL SE	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: >	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
	*
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Rebeca Berea 3750 W 16 AVE SUITESTA	
Rebeca Berea	112
Rebeca Berea 3750 W 16 AVE SUITESTA	
Rebeca Berea 3750 W 16 AVE SUITESTA	
Rebeca Berea  3750 W 16 AVE SUITED AND SUITED AND ARTICLEVI INCORPORATOR: The name and address of the Incorporator is:	
Rebeca Berea 3750 W 16 AVE SUITEDAD HIALEAH FL 33012	

H15000199473

## Required Signatures:

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

Buddierge Agent Page

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.

Date

15 AUG 19 AM 8: 10
SECRETARY OF STATE TALLAHASSEE, FI ORIO,