

10/12/2015 08:11

85 865760

PAGE 01/04

10/12/2015

H150002438653

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000243865 3)))



H150002438653ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

****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
CARE GIVER MD, INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

15 OCT 12 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 12 PM 8:34

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: CARE OIVER MD, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2051 RENAISSANCE BLVD

APT 207

MIAMI, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Name and Title: _____

Address: MARIA C DEL GUIDICE

Address: _____

2051 RENAISSANCE BLVD, APT 207

MIAMI, FL 33025

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
 15 OCT 12 PM 8:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARIA C DEL GUIDICE
Address: 2051 RENAISSANCE BLVD, APT 207
MIAMI, FL 33025

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MARIA C DEL GUIDICE
Address: 2051 RENAISSANCE BLVD, APT 207
MIAMI, FL 33025

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

Maria C. Del Guidice
Required Signature/Registered Agent

10/06/2015

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.

Maria C. Del Guidice
Required Signature/Incorporator

10/06/2015

Date

October 6, 2015
Miami, Florida

Dear Sir/Madam:

I, Maria C Del Del Guidice, president/owner of Corporation Care Giver MD, Inc., with Document number P14000081204 hereby relinquish the company name to be used to incorporate a new company with the same name. The new company will be associated with the previous company by its owners.

Please contact me at (305)871-0889 should you require further information or have any concerns.

Kind Regards,

Maria C Del Guidice

A handwritten signature in black ink, appearing to read "maria c Del Guidice", written in a cursive style.