Florida Department of State

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FLORIDA PROFIT/NON PROFIT CORPORATION FAMILY MEDICINE HOME VISIT, INC.

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ARTICLES OF INCORPORATION OF FAMILY MEDICINE HOME VISIT, INC.

The undersigned incorporator, for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopts the following Article of Incorporation.

ARTICLE I

The name of this corporation shall be: FAMILY MEDICINE HOME VISIT, INC.

ARTICLE U

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

1898 S.W. 27TH AVENUE, SUITE 1, MIAMI, FL 33145

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is 1,000 shares having an individual par value of \$1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one class (1) class of stock of this corporation.

ARTICLE VI

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The name and street address of the initial Registered Agent of the corporation shall be:

HENRY B PAEZ 1898 S.W. 27th AVENUE, SUITE 1 MIAMI, FL 33145

ARTICLE VII

The name and address of the officers and initial board of director(s) shall be:

l. HENRY E PAEZ PRESIDENT, DIRECTOR 1898 S.W. 27th Avenue, SUTTE 1 MIAMI, FL 33145

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

HENRY E PAEZ 1898 S.W. 27TH AVENUE, SUTTE 1 MIAMI, FL 33145

The undersigned has executed these Articles of Incorporation this 19th day of March, 2018

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

H18000089232

FAMILY MEDICINE HOME VISIT, INC.

(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THEABOVESTATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HERBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT 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 ASREGISTERED AGENT.

Signature: Registered Agent:

HENRY E PAEZ

ADDRESS:

CTTY OF: MIAMI COUNTY OF: MIAMI-DADE

STATE OF:

FLORIDA

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