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.

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To:	Division of Corporations	
	Fax Number : (850)617-6381	
From:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number ; I20000000009	
	Phone : (305)552-5973 Fax Number : (305)675-5944	
	Eax Mainner (202)012 22	
≠≠Enté	r the email address for this business entity to be used for fu	ture,
žč	annual report mailings. Enter only one email address please.**	
ı	Email Address:	
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	TO STATE CORPORATION	
	FLORIDA PROFIT/NON PROFIT CORPORATION	
·	FLORIDA PROFIT/NON PROFIT CORPORATION PRO-CARE MEDICAL CENTER INC.	71
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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

Pro-CARE MEDICAL CENTER INC.

of Document # P10000031031

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

RUBEN D REYES

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

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PRO-CARE MEDICAL CENTER	INC
ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 9911 SW 142 AVL Swite P MAMIFE. 33186 ARTICLE III SHARES: The number of shares of stock is: 100 ARTICLE IV INTUAL DIRECTORS AND/OR OFFICERS: RUBEN D. REYES (P)	2019 HAR 18 AH 9: 13
ARTICLEV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address (PO Box not acceptable) of the registered age RUBEN D. REYES 9911 SW 142 AVE. Suite F MIAMI, FL. 33180 ARTICLEVI INCORPORATOR: The name and address of the Incorporato RUBEN D. REYES 9911 SW 142 AVE. Suite F MIGMI FL. 33186	SS: ent is:

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

Registered Agent 3/14/19
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.

Incorporator

Date