

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



APPROVED
AND
FILED

30 MAY 10 AM 10:35

DOCUMENT # P93000059195 (6)

S & F HEALTH SERVICE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

41 E. 44TH ST
STE A
HIALEAH FL 33012

4420 W. PALM AVE.
APT. C
HIALEAH FL 33012

21 4301 PALM AVE
22 SUITE E
23 HIALEAH
24 33012 25 USA
26 4301 PALM AVE
27 SUITE E
28 HIALEAH
29 33012 30 USA

3. Date of Incorporation 08/24/1993
3a. Date of Last Report 08/25/1994
4. Filing Number 65-0433258
5. Certificate of Status Request \$8.75 Additional Fee Required
6. Election Campaign Financing and Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for election expenses under N.J. 17:27/ Florida Statutes

9. Name and Address of Current Registered Agent

FERNANDEZ, SANDRA
35 W. 44TH ST.
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name FERNANDEZ SANDRA
82 Street Address of New Registered Agent 9031 NW 150 TER
83
84 City MIAMI LAKES FL 85 Zip Code 33016

11. I, the undersigned, being a resident of this state, do hereby certify that the foregoing is a true and correct copy of the certificate of incorporation of the corporation named herein, as the same appears on the records of the Secretary of State of this state, and I further certify that the same is a true and correct copy of the certificate of incorporation of the corporation named herein, as the same appears on the records of the Secretary of State of this state.

SIGNATURE

Sandra Fernandez

05/05/95

12. OFFICERS AND DIRECTORS
NAME PD FERNANDEZ, SANDRA
ADDRESS 35 W. 44TH ST.
CITY HIALEAH FL 33012
NAME
ADDRESS
CITY
NAME
ADDRESS
CITY
NAME
ADDRESS
CITY
NAME
ADDRESS
CITY
NAME
ADDRESS
CITY
NAME
ADDRESS
CITY
NAME
ADDRESS
CITY

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME PD FERNANDEZ SANDRA
ADDRESS 9031 NW 150 TER
CITY MIAMI LAKES, FL 33016
NAME
ADDRESS
CITY
NAME
ADDRESS
CITY
NAME
ADDRESS
CITY
NAME
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CITY
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CITY
NAME
ADDRESS
CITY

14. I, the undersigned, being a resident of this state, do hereby certify that the foregoing is a true and correct copy of the certificate of incorporation of the corporation named herein, as the same appears on the records of the Secretary of State of this state, and I further certify that the same is a true and correct copy of the certificate of incorporation of the corporation named herein, as the same appears on the records of the Secretary of State of this state.

SIGNATURE: *Sandra Fernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

05/05/95 / 30019-5505