

DATE JANUARY 19, 1995

996000006939

STATE OF FLORIDA
TALLAHASSEE

RECEIVED JAN 21 1995
FILING OFFICE
TALLAHASSEE, FLORIDA

RE: EXCEL HEALTH CARE SERVICES, INC.
(Name of Corporation)

GENTLEMEN:

ENCLOSED HERewith ARE THE ARTICLES OF INCORPORATION TOGETHER
WITH A COPY OF SAID ARTICLES FOR EXCEL HEALTH CARE SERVICES, INC.
(Name of Corporation)
AND OUR CHECK IN THE AMOUNT AS FOLLOWS:

FILING FEE\$ 35.00
CERTIFIED COPY 52.50
REGISTERED AGENT 35.00

Total \$122.50

*Please return all
documents to*

*JIM SIERRA & ASSOC
9290 SUNSET DR.
STE 105
MIAMI FL 33173*

Thanks

RESPECTFULLY SUBMITTED,

DIVINIA CRUZ
(Individual's Name)

EXCEL HEALTH CARE SERVICES, INC.
(Name of Corporation)

FILED
JAN 21 1995
FILING OFFICE
TALLAHASSEE, FLORIDA

CERTIFICATE OF INCORPORATION

-of-

EXCEL HEALTH CARE SERVICES, INC.

We, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:

EXCEL HEALTH CARE SERVICES, INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is TEN THOUSAND (10,000) shares of common stock, having a par value of ONE (\$10.00) DOLLAR PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than ONE HUNDRED (\$100.00) DOLLARS.

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

FILED
JUN 23 19 1:05
CLERK OF DISTRICT COURT
NORTH DAKOTA

The initial street address of the principal office of the corporation shall be:

10300 SUNSET DRIVE STE 470-D MIAMI, FL 33173

ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

ARTICLE VIII

The name and street address of the member of the first Board of Directors of this Corporation are as follows:

DIVINIA CRUZ	14561	SW 97TH ST.	MIAMI,	FL	33186
CARLOS CRUZ	14561	SW 97TH ST.	MIAMI,	FL	33186
THELMA BAUTISTA	645	NE 53RD ST.	MIAMI,	FL	33137

ARTICLE IX

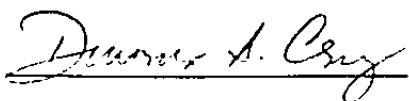
The names and street addresses of the persons signing these Articles of Incorporation as subscriber is as follows:

DIVINIA CRUZ	14561	SW 97TH ST.	MIAMI,	FL	33186
CARLOS CRUZ	14561	SW 97TH ST.	MIAMI,	FL	33186
THELMA BAUTISTA	645	NE 53RD ST.	MIAMI,	FL	33137

ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

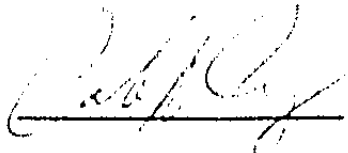
IN WITNESS WHEREOF, the undersigned DIVINIA CRUZ, CARLOS CRUZ AND THELMA BAUTISTA, being natural persons, competent to contract, have hereunto set his/their hands and seal this 16 day of January, 1995.



DIVINIA CRUZ



THELMA BAUTISTA


CARLOS CRUZ

STATE OF FLORIDA) S.S.

COUNTY OF DADE.)

BEFORE ME, the undersigned Notary Public of the State of Florida personally appeared DIVINIA CRUZ, CARLOS CRUZ AND THELMA BAUTISTA, known and known to me to be the person(s) described herein and who executed the foregoing Articles of Incorporation, and he/she acknowledged before me that he/she executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this 18 day of January, 1995.

Jim Sierra

My Commission expires:

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT EXCEL HEALTH CARE SERVICES, INC.

(Name of Corporation)

WITH ITS PLACE OF BUSINESS AT 10300 SUNSET DRIVE STE 470-D

(Business Address, City and State)

HAS NAMED CARLOS CRUZ

(Name of Registered Agent)

LOCATED AT 14561 SW 97th STREET MIAMI FL 33186

(Street Address and Number Of Building,
Post Office Box Addresses ARE NOT Acceptable)

CITY OF MIAMI, **STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE**
(City)

OF PROCESS WITHIN FLORIDA.

SIGNATURE [Signature]

(Corporate Officer)

TITLE President

DATE 1/18/95

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION
AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY
AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND
OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.**

SIGNATURE [Signature]

(REGISTERED AGENT)

DATE 1/18/95

BUREAU OF CORPORATE RECORDS, P.O. BOX 6327, TALLAHASSEE, FL 32314

(NOTE: There is a filing fee of \$3.00 for this certificate)

55 JAN 23 11:11 AM '95

FILED



EXCEL
HEALTH CARE
SERVICES, INC.

P 95 00006939

MAR 11 30 1995

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ATTN: SANDRA B. MORTHAM
Secretary of State

Dear Ms. Mortham:

This is to inform you respectfully that **EXCEL**
HEALTH CARE SERVICES, INC. has recently changed its
office address.

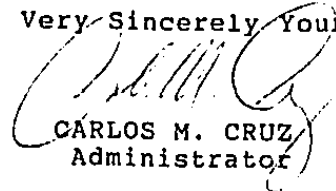
FROM: 10300 SUNSET DRIVE
Suite 470-D
Miami, FL 33173

TO: 10300 SW 72nd STREET
Suite 275-B
Miami, FL 33173

Please be guided accordingly.

MPK
4-5-95

Very Sincerely Yours,



CARLOS M. CRUZ
Administrator

P95000006939

EXCEL HEALTH CARE SERVICES INC.
10300 SUNSET DRIVE STE 275-B
MIAMI, FL 33173

OFFICE USE ONLY

500001605175
-10/10/95--01078--002
*****35.00 *****35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
STATE OF FLORIDA
CORPORATION SERVICES
NOV - 9 AM 10:28

SH NOV 14 1995

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 16, 1995

Excel Health Care Services, Inc.
10300 Sunset Dr.
Suite 275-B
Miami, FL 33173

SUBJECT: EXCEL HEALTH CARE SERVICES, INC.
Ref. Number: P95000006939

We have received your document for EXCEL HEALTH CARE SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If an amendment was adopted by an incorporator then it must be signed by an incorporator. If Carlos Cruz is the incorporator, then list the title of incorporator along with President.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 695A00046523

ST NOV - 9 AM 10:28

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

EXCEL HEALTH CARE SERVICES, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(Indicate article number(s) being amended, added or deleted)*

ARTICLE III -

Increased number of authorized shares by 90,000
bringing to 100,000 authorized number of shares.

951107-2 1110:28
F110
1110
1110
1110

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: October 1, 1995

FOURTH: Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.
The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):


"The number of votes cast for the amendment(s) was/were
sufficient for approval by _____"
voting group

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 4th of OCTOBER, 19 95.

Signature

 President/Incorporator
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

CARLOS CRUZ

Typed or printed name

President/Incorporator

Title

95 NOV - 9 17:10:28

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(904) 222-1222 • 1-800-342-8062 • Fax (904) 222-1222

P950000006939

Exact Health Care
Services, Inc.

800002207168--4
-06/10/97--01005--016
*****35.00 *****35.00

Name	
Accessibility	6/10/97
For agent	
Examiner	Don
Up to	Don
Update	
Verifier	Don
Admission agent	Don
W.P. Verifier	Don

Signature _____

Requested by: CBB

Name _____

Date 6-10

Time 9:30

Walk-In _____

Will Pick Up _____

- ____ Art of Inc. File _____
- ____ LTD Partnership File Amend
- ____ Foreign Corp. File _____
- ____ L.C. File _____
- ____ Fictitious Name File _____
- ____ Name Reservation _____
- ____ Merger File _____
- ____ ☒ Art. of Amend. File _____
- ____ RA Resignation _____
- ____ Dissolution / Withdrawal _____
- ____ Annual Report / Reinstatement _____
- ____ Cert. Copy _____
- ____ Photo Copy _____
- ____ Certificate of Good Standing _____
- ____ Certificate of Status _____
- ____ Certificate of Fictitious Name _____
- ____ Corp Record Search _____
- ____ Officer Search _____
- ____ Fictitious Search _____
- ____ Fictitious Owner Search _____
- ____ Vehicle Search _____
- ____ Driving Record _____
- ____ UCC 1 or 3 File _____
- ____ UCC 11 Search _____
- ____ UCC 11 Retrieval _____
- ____ Courier _____

RECEIVED
97 JUN 10 AM 10:04
DIVISION OF CORPORATION

FILED
97 JUN 10 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

EXCEL HEALTH CARE SERVICES, INC.

(present name)

97 JUN 10 PM 12:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: Article VI: The address of the Corporation is changed, the new address is: 7366 S.W. 48th Street, Miami, Florida 33155;
Article VIII: the previous Directors are hereby deleted, the new Directors and Officers are: Yvonne Campbell, 7366 S.W. 48th Street, Miami, Florida 33155, President; John Campbell, 7366 S.W. 48th Street, Miami, Florida 33155, Vice-President; and Jolene Bosch, 7366 S.W. 48th Street, Miami, Florida 33155, Secretary/Treasurer.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: June 6, 1997.

FOURTH: Adoption of Amendment(s) (check one)

- ☒ The amendment(s) was/were adopted by the incorporators or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups.


(The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).)

The number of votes cast for the amendment(s) was/were sufficient for approval by _____
(voting group)

(continued)

Signed this 6th day of June, 19, 97

EXCEL HEALTH CARE SERVICES, INC.
(Corporation Name)

By 
(Chairman or Vice Chairman of the Board of Directors, President or
other officer if adopted by the shareholders)
IA director or incorporator if adopted by the directors or incorporators

Jolene Bosch

(Typed or printed name)

Vice-Chairman of the Board of Directors
(Title)