

Prentice Hall Legal & Financial Services

ATTN: MS (904) 222-7495

1201 HAYS STREET, SUITE 105
TALLAHASSEE, FL 32301

PORT OF HONOLULU NAME P95000009634		CHARTER NUMBER
TRI-COUNTY PEDI-CARE INC		

02/06/95-00007 010

☐ Amendment
☐ Annual Report
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Domestication
☐ Fictitious Business Name
☐ Foreign - Profit
☐ Foreign - Non-Profit
☐ Limited Partnership
☐ Limited Liability
☐ Mtr. Veh.

☐ Merger
☐ Name Reservation
☐ Name Registration
☐ Non-Profit/Articles of Incorporation
☒ Other _____
☐ Profit/Articles of Incorporation
☐ Reinstatement
☐ Resignation of R.A., Off/Dir
☐ Trademark
☐ UCC/Filing 1 _____
☐ UCC/Filing 3 _____

 X Certified Copy _____
 Photocopy _____
 Corporate Print-Out _____
 Fictitious/Owner Search _____

_____ CUS
 _____ Good Standing
 _____ R.A., Off/Dir Search

(X) Walk in

() Call if Problem

() Will Wait

(Y) Pick up

DATE/TIME

FOR PRENTICE HALL'S USE ONLY

H. SIMS FEB - 6 1995

BRANCH ORDERING: M/L BY: Am#

BRANCH RECEIVING: Tally BY: [Signature]

REF/JOB # _____

CLIENT MATTER # _____

SAME DAY _____ 24 HR _____ ROUTINE _____

VERBAL REQUESTED: YES OR NO

DATE SENT: 1/1 MAIL FAX 7 FED EXP

FILED: / /

SENT TO: BRANCH _____ CLIENT X

SPECIAL INSTRUCTIONS: _____

CHECK #

ST./CTY/ FEES

CORR. FEE/

SPEC. HANDL.

MESSANGER

COPIES

FAX FEE

OTHER

TOTAL

ARTICLES OF INCORPORATION
OF
Tri-County PediCare, Inc.

I, the undersigned incorporator, hereby make, acknowledge and file these Articles of Incorporation for the purpose of forming a corporation under the laws of the State of Florida.

ARTICLE I: NAME

The name and address of this Corporation shall be:

Tri-County PediCare, Inc.
210 N. University Drive, Suite 200
Coral Springs, FL 33071

ARTICLE II: NATURE OF BUSINESS

The general purpose for which this Corporation is organized is to transact any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

ARTICLE III: AUTHORIZED SHARES

The Corporation shall be authorized to create and issue 1,000 shares of Common Stock having a par value of \$1.00 per share.

ARTICLE IV: TERM OF EXISTENCE

The term of this Corporation shall commence with the filing of these Articles of Incorporation. The Corporation shall exist perpetually unless dissolved according to law.

ARTICLE V: INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation in the State of Florida shall be:

201 South Biscayne Boulevard, S# 2400
Miami, Florida 33131

The name of the initial registered agent of this Corporation at that address shall be:

Robert M. Mayer, Esq.

ARTICLE VI: BOARD OF DIRECTORS

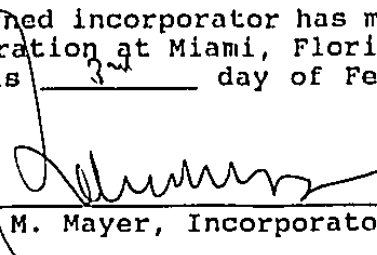
The powers of the Corporation shall be exercised by or under the authority of, and the business and affairs of the Corporation shall be managed under the direction of a Board of Directors, which shall have one (1) Director initially. The number of directors may be increased or decreased by the shareholders from time to time as provided in the Bylaws of the Corporation.

ARTICLE VII: INCORPORATOR

The name and street address of the incorporator signing these Articles of Incorporation are as follows:

<u>Name</u>	<u>Street Address</u>
Robert M. Mayer	c/o Kelley Drye & Warren 201 South Biscayne Boulevard Suite 2400 Miami, Florida 33131

IN WITNESS WHEREOF, the undersigned incorporator has made and subscribed these Articles of Incorporation at Miami, Florida, for the uses and purposes aforesaid, this 3rd day of February, 1995.

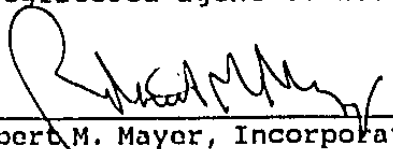


Robert M. Mayer, Incorporator

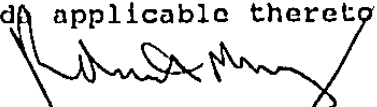
FILED
95 FEB -6 PM 12:25

DESIGNATION AND ACCEPTANCE
OF
REGISTERED AGENT

In pursuance of Section 48.091 and Chapter 607, Florida Statutes, Tri-County PodiCare, Inc., having filed its Articles of Incorporation contemporaneously herewith, with its registered office as indicated therein at c/o Kelley Drye & Warren, 201 South Biscayne Boulevard, Suite 2400, Miami, Florida, 33131, has named ROBERT M. MAYER, located thereof as its registered agent to accept service of process within this state.

By: 
Robert M. Mayer, Incorporator

Having been named as registered agent to accept service of process for the above-stated corporation, at the location designated herein, I hereby accept the appointment to act in this capacity, and agree to comply with the laws of Florida applicable thereto.

By: 
Robert M. Mayer, Registered Agent

FILED
95 FEB -6 PM 12:25
CLERK OF DISTRICT COURT
MAY 1995

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

PROXY
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Secretary of State

Department of State

Division of Corporations

DOCUMENT # P95000009634 (3)

TRI-COUNTY PEDICARE, INC.

REINSTATEMENT

FILED

96 OCT -9 AM 7:50



Principal Place of Business

Mailing Address

210 N UNIVERSITY DR. 200
CORAL SPRINGS FL 33071

210 N UNIVERSITY DR. 200
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified
02/06/1995

3a. Date of Last Report

4. FIC Number
65-0568869

Applied For
Not Application

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Have you ever been a member of
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

21. Principal Place of Business
1890 N University Dr

26. Mailing Address
1890 N. University Dr

22. Suite, Apt., etc.
205

27. Suite, Apt., etc.
205

23. City & State
Coral Springs FL

28. City & State
Coral Springs FL

24. Zip
33071

25. Country
USA

29. Zip
33071

30. Country
USA

9. Name and Address of Current Registered Agent

MAYER, ROBERT M
201 S BISCAYNE BLVD. 2400 -
MIAMI FL 33131

81. Name

82. Street Address (If FIC Number is Not Application)

83. City & State

84. Zip

85. Country

86. FIC Number

87. State

88. Zip

89. Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Robert M. Mayer

Robert M. Mayer, Esq.

10/7/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
Jodie Getter
10038 Vestal Pl.
Coral Springs FL 33071

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
Steven Getter
10038 Vestal Pl.
Coral Springs FL 33071

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
FERN KAMINE DIR
1620 Route 22 EAST
UNION NJ 07083

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or listed on an attachment with an address.

SIGNATURE: Steven J. Getter, President 6/19/96 954-255-1211