Prentice Hall Legal & Financial Services

ATTN: Lisa (904) 222-7495

1201 HAYS STREET, SUITE 105
TALLAHASSEE, FL 32301

P95000009634

CORPORATION(S) NAME — CHARTER NUMBER

Tri-County Pedicare Inc

****122.50 ****122.50

___ 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 ___
X Profit/Articles of Incorporation
___ Reinstatement
___ Resignation of R.A., Off/Dir
___ Trademark
___ UCC/Filing I ___
___ UCC/Filing 3 ___

FILED
95 FEB -6 PM 12:25

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 (X) Pick up 2/6 11:00
DATE/TIME

FOR PRENTICE HALL'S USE ONLY

H. SIMS FEB -6 1995

BRANCH ORDERING: MM BY: Smith
BRANCH RECEIVING: Tally BY: Snow
REF/JOB # ___
CLIENT MATTER # ___
SAME DAY ___ 24 HR ___ ROUTINE ___
VERBAL REQUESTED: YES OR NO
DATE SENT: _/_/_ MAIL FAX ___ FED EXP.
FILED: _/_/_
SENT TO: BRANCH ___ CLIENT X
SPECIAL INSTRUCTIONS: ___

CHECK #	
ST./CTY/ FEES	122.50
CORR. FEE/ SPEC. HANDL.	
MESSENGER	
COPIES	
FAX FEE	
OTHER	
TOTAL	

White - SECRETARY OF STATE Blue - CLIENT SPECIALIST COPY Green - FILE Pink - ACCOUNTING

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

FILED

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:

Name	Street Address
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 PediCare, 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 thereat 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

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996 Reinstatement

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 1996

FILED 96 OCT -9 AM 7:50

MWB 10-16-96

DOCUMENT # P95000009634 (3)

1. Corporation Name
TRI-COUNTY PEDICARE, INC.

Principal Place of Business
210 N UNIVERSITY DR 200
CORAL SPRINGS FL 33071

Mailing Address
210 N UNIVERSITY DR. 200
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified: 02/06/1995
3a. Date of Last Report:

4. FEI Number: 65-0568869 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21 1890 N University Dr
Suite, Apt # etc. 22 205
City & State 23 Coral Springs FL
Zip 24 33071 Country 25 USA

2a. Mailing Address
26 1890 N. University Dr
Suite, Apt # etc. 27 205
City & State 28 Coral Springs FL
Zip 29 33071 Country 30 USA

9. Name and Address of Current Registered Agent
MAYER, ROBERT M
201 S BISCAYNE BLVD. 2400
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3474 SW 27th Terrace
83
84 Miami Fla FL 85 Zip Code 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature] Robert M Mayer, Esq 10/7/96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	STD ☐ DELETE
NAME	Jodie Getter
STREET ADDRESS	10038 Vestal PL.
CITY-ST-ZIP	Coral Springs FL 33071
TITLE	PT ☐ DELETE
NAME	Steven Getter
STREET ADDRESS	10038 Vestal PL
CITY-ST-ZIP	Coral Springs FL 33071
TITLE	DIR ☐ DELETE
NAME	Fern Kamine
STREET ADDRESS	1620 Route 22 East
CITY-ST-ZIP	Union NJ 07083
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	000001978780--3	
2.3 STREET ADDRESS	-10/17/96--01058--010	
2.4 CITY-ST-ZIP	****375.00 ****375.00	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] Steven J. Getter, President 6/19/96 954-255-1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0119430 CP