

03/13/95 12:00 AS-T CORP AGENTS 130 35-9 001

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3/13/95 FLORIDA DIVISION OF CORPORATIONS 10:30 AM  
PUBLIC ACCESS SYSTEM

((H95000002835)) ELECTRONIC FILING COVER SHEET  
TO: DIVISION OF CORPORATIONS FROM: FAS-T CORP. AGENTS, INC.  
DEPARTMENT OF STATE 8405 NW 53RD ST  
STATE OF FLORIDA SUITE C-100  
409 EAST GAINES STREET MIAMI FL 33166- 33408-  
TALLAHASSEE, FL 32399 CONTACT: LIDIA FERNANDEZ  
FAX: (904) 922-4000 PHONE: (305) 599-0839  
FAX: (305) 592-9591

((H95000002835)) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.  
NAME: FAMILY MEDICAL CARE GROUP, INC.  
FAX AUDIT NUMBER: H95000002835 CURRENT STATUS: REQUESTED  
DATE REQUESTED: 03/13/1995 TIME REQUESTED: 10:30:51  
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\*\* ENTER 'M' FOR MENU. \*\*

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10:31 AM

FILED  
95 MAR 13 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*  
3/13

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**ARTICLES OF INCORPORATION OF  
FAMILY MEDICAL CARE GROUP, INC.**

FILED  
95 MAR 13 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I: NAME.**

The name of this corporation is:

**FAMILY MEDICAL CARE GROUP, INC.**

**ARTICLE II: DURATION.**

This corporation shall have perpetual existence, unless  
sooner dissolved in accordance with the laws of the  
State of Florida.

**ARTICLE III: PURPOSE.**

This corporation is organized for the purpose of transacting  
any and all business permitted under the laws of the  
United States and of the State of Florida.

**ARTICLE IV: CAPITAL STOCK.**

This corporation is authorized to issue FIVE HUNDRED (500)  
shares of COMMON STOCK, with a par value of TEN (\$10.00)  
dollars each.

**ARTICLE V: AMOUNT OF CAPITAL.**

The amount of capital with which this corporation will begin  
business is not less than FIVE THOUSAND (\$5,000.00) dollars.

Prepared By: ROSA MENDOZA  
11442 S.W. 60 Lane  
Miami, Fl. 33171  
305-592-9591

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**ARTICLE VI: PREEMPTIVE RIGHTS.**

Every shareholders upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ARTICLE VII: INITIAL REGISTERED OFFICE , AGENT AND PRINCIPAL OFFICE.**

The street address of the initial registered office of this corporation is:

11442 S.W. 60th Lane  
Miami, Fl. 33173

The name of the initial registered agent of this corporation is:

CAROL E. MUÑOZ

The corporation principal office shall be:

11442 S.W. 60th Lane  
Miami, Fl. 33173

**ARTICLE VIII: INITIAL BOARD OF DIRECTORS.**

This corporation shall have two (2) director(s), initially. The number of director(s) may be either increased or diminished from time to time by the bylaws but shall never be less than ONE (1). The name (s) and address (es) of the initial Board of Director (s) of this corporation is (are):

Carol E. Muñoz  
11442 S.W. 60th Lane  
Miami, Fl. 33173

Rosa V. Muñoz  
11442 S.W. 60th Lane  
Miami, Fl. 33173

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**ARTICLE IX: INDEMNIFICATION.**

The corporation shall indemnify any officer or director,  
or any former officer or director, to the full extent  
permitted by law.

**ARTICLE X: INCORPORATORS.**

The name and address of the person (s) signing these Articles  
of Incorporation is (are):

CAROL E. MUÑOZ  
11442 S.W. 60th Lane  
Miami, Fl. 33173

ROSA V. MUÑOZ  
11442 S.W. 60th Lane  
Miami, Fl. 33173

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IN WITNESS WHEREOF, we, being all of the original subscribers and incorporators of this Corporation for the purpose of forming a Corporation, do make and file these Articles of Incorporation with the Secretary of State of the State of Florida, and accordingly set our hands and seal this 7th day of March 1995.

  
CAROL E. MUÑOZ

  
ROSA V. MUÑOZ

STATE OF FLORIDA

COUNTY OF DADE

I HEREBY CERTIFY THAT on this day, before me a Notary Public duly authorized in the above mentioned State and County to take acknowledgements, personally appeared

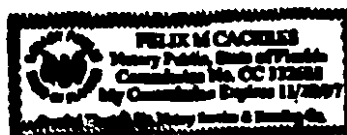
-----CAROL E. MUÑOZ AND ROSA V. MUÑOZ-----  
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to me well known and known to be the persons described in and who executed these foregoing Articles of Incorporation, and they acknowledged before me that they subscribed to those Articles of Incorporation.

WITNESS my hands and official seal in the City of Miami County of Dade and State of Florida, this 7th day of March 1995.

  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES:



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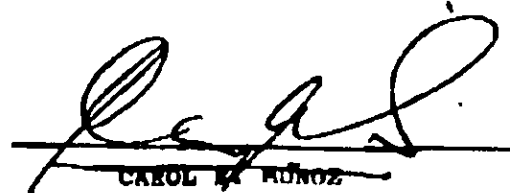
**CERTIFICATE DESIGNATING DOMICILE FOR  
THE SERVICE OF PROCESS WITHIN  
THE STATE OF FLORIDA  
NAMING AGENT WHO PROCESS MAY BE SERVED**

In pursuance of Chapter 48,091, Florida Statutes, the following is submitted, in compliance with said Act:


First-That---FAMILY MEDICAL CARE GROUP, INC.-----  
qualified to do business under the laws of the State of Florida  
with its principal office at the city of Miami County of Dade  
State of Florida has appointed-----  
-----CAROL E. MUÑOZ-----  
City of Miami, County of Dade, State of Florida  
as its agent to accept service of process within this State.

**ACKNOWLEDGEMENT**

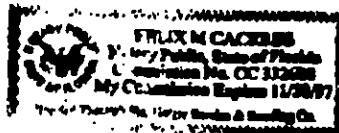
Having been named to accept service of process for the above stated Corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act, relative to keeping open said office.

  
CAROL E. MUÑOZ

Sworn to and subscribed  
before me, this 7th  
day of March, A.D. 1995.

  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

My commission expires:



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