

P95000020398

MARIAN GARCIA, P.A.

SUITE 102-B
6356 MANOR LANE
SOUTH MIAMI, FLORIDA 33143

MARIAN GARCIA PEREZ

TELEPHONE (305) 667-3375
TELECOPIER (305) 661-0706

March 9, 1995

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fla. 32314

Re: RAMD Health Corp.

900001428879
-03/13/95--01100--0003
****122.50 ****122.50

Dear Sir/Madam:

Enclosed is an original and one copy of the Articles of Incorporation of **RAMD Health Corp.**, together with our check in the amount of \$122.50 to cover the filing fees. Please return a certified copy of the filed Articles of Incorporation to the undersigned in the enclosed self-addressed stamped envelope.

If you have any questions concerning the enclosures, please do not hesitate to contact the undersigned at (305) 667-3375.

Sincerely,

MARIAN GARCIA, P.A.

By:

Virginia Santiago

Virginia Santiago
Corporations Department

Encls.
cc: Marjorie Effio

FILED
MAR 13 1995
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ARTICLES OF INCORPORATION
of
RAMD HEALTH CORP.

The undersigned hereby adopts the following Articles of Incorporation for the purpose of forming a corporation under the provisions of Chapter 607 Florida Statutes:

ARTICLE I. NAME

The name of this corporation is RAMD HEALTH CORP. (the "Corporation").

ARTICLE II. - MAILING ADDRESS

The mailing address of the Corporation is 12749 S.W. 64 Terrace, Miami, Florida 33183.

ARTICLE III. - CAPITAL STOCK

The maximum number of shares which this Corporation is authorized to have outstanding at any time is 1,000 shares of Common Stock having a par value of \$0.01 per share.

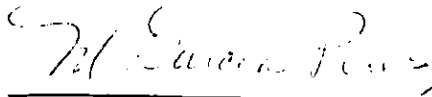
ARTICLE IV. - INITIAL REGISTERED
OFFICE AND AGENT

The initial registered office of this Corporation shall be at 6356 Manor Lane, Suite 102-B, South Miami, Florida 33143, and the initial registered agent of this Corporation at such office shall be Marian Garcia Perez.

ARTICLE V. - INCORPORATOR

The name and street address of the person signing these Articles of Incorporation is Marian Garcia Perez, 6356 Manor Lane, Suite 102-B, South Miami, Florida 33143.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on the 9th day of March, 1995.



Marian Garcia Perez, Incorporator

This instrument prepared by:
Marian Garcia Perez
6356 Manor Lane - 102B
South Miami, Florida 33143
(305) 667-3375
Florida Bar No.0383007

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
AND REGISTERED OFFICE
AND ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

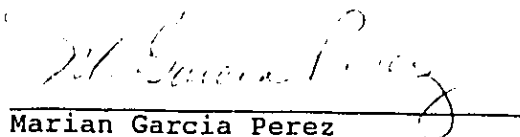
1. The name of the Corporation is:

RAMD HEALTH CORP.

2. The name and address of the registered agent and the registered office is: Marian Garcia Perez, 6356 Manor Lane, Suite 102-B, South Miami, Florida 33143.

Pursuant to Section 607.0501, Florida Statutes, the undersigned has been named to act as the registered agent of **RAMD Health Corp.**, at the place designated in this certificate and the undersigned agrees to accept such appointment and to act in that capacity. The undersigned further agrees that the undersigned will comply with Section 607.0505, Florida Statutes, relating to the proper and complete performance of the duties of the registered agent of the Corporation and that the undersigned is familiar with and accepts the obligations of the position of registered agent for the Corporation.

Date: March 9, 1995



Marian Garcia Perez
Registered Agent

FILED
MAR 13 1995
FBI

P95000020398

MARIAN GARCIA, P.A.
Suite 102-B
6356 Manor Lane
South Miami, Florida 33143

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-11/03/95--01021--002
*****87.50 *****87.50

OFFICE USE ONLY

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 type="checkbox"/>	Amendment
<input checked="" 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

95 NOV - 2 AM 8:31
SECURITY STATE
ENTERED IN SYSTEMS

SH NOV - 7 1995

Examiner's Initials

FLORIDA DEPARTMENT OF STATE
SANDRA B. MORTHAM, SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2),
617.0502(2), 607.1509, or 617.1509, Florida Statutes,
the undersigned

MARIAN GARCIA PEREZ, ESQUIRE

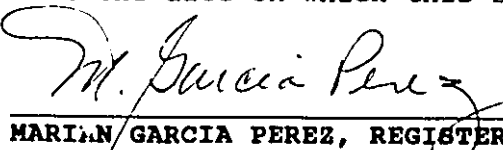
hereby resigns as Registered Agent for:

RAMD HEALTH CORP.

A copy of this resignation was mailed to the above listed
corporation at its last known address:

c/o Ms. Marjorie Effio
12749 S.W. 64th Terr
Miami, Florida 33183

The agency is terminated and the office discontinued on the
31st day after the date on which this statement is filed.



MARIAN GARCIA PEREZ, REGISTERED AGENT

Fee for \$87.50
enclosed.

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SEC. OF STATE
DIVISION OF CORPORATIONS

P95000020398

OFFICE USE ONLY

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

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TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
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<input type="checkbox"/>	Limited Liability
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<input type="checkbox"/>	Foreign
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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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OK
P95000020398
OK
1-23-94

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: RAMD HEALTH CORP.

1b. The mailing address of the corporation is: 12749 Southwest 69th Terrace,
Miami, Florida 33183

1c. Date of incorporation: March 13, 1995 Document number: P95000020398

2. The name and address of the current registered agent and office:

None. Past Registered Agent
resigned on November 2, 1995.

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

BERNARD B. WEKSLER, ESQ.
2655 Le Jeune Road, Suite 522
Coral Gables, Florida 33134

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Diego Effio, CEO JANUARY 16, 1996
(Signature of an officer, chairman or vice chairman of the board) (Date)

DIEGO EFFIO, CHIEF FINANCIAL OFFICER
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Bernard B. Weksler JANUARY 16, 1996
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

BERNARD B. WEKSLER Attorney for Corporation
(Typed or Printed Name) (Capacity)