

CONTACT:

P950000 23150

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(Requestor's Name)

526 EAST PARK AVENUE SUITE 200

(Address)

TALLAHASSEE, FL 32301 (904) 681-6528

(City, State, Zip)

(Phone #)

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OFFICE USE ONLY

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

1. Caribbean Medical Care, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED
55 MAR 22 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RUSH

☒ Walk in ☐ Pick up time _____

☒ Certified Copy

☒ ARTICLES ONLY

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

☐ ALL CHARTER DOCS

☐ CERTIFICATE OF GOOD STANDING

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" 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 type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

☐ Certificate of FICTITIOUS NAME
☐ FICTITIOUS NAME SEARCH
☐ CORP. SEARCH

| 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 |

**HOLD FOR
PICKUP BY
UCC SERVICES**

Rmc 3/22/95

Examiner's Initials

ARTICLES OF INCORPORATION
OF

CARIBBEAN MEDICAL CARE, INC. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

95 MAR 22 PM 12:20

ARTICLE I. NAME

The name of this corporation is CARIBBEAN MEDICAL CARE, INC.

ARTICLE II. DURATION

This corporation is to exist perpetually.

ARTICLE III. PURPOSE

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

ARTICLE IV. CAPITAL STOCK

The aggregate number of shares which the corporation is authorized to issue is One Thousand (1,000) shares having a par value of \$1.00 per share.

ARTICLE V. REGISTERED OFFICE AND REGISTERED AGENT

The initial principle office of the proposed corporation in the State of Florida is 834 Harbor Inn Drive, Coral Springs, Florida 33071, and the mailing address of the proposed corporation is the same. The name and address of the initial registered agent is JOSEPH J. DI CAPUA, 250 S.W. 15 Avenue, Boca Raton, Florida 33486.

ARTICLE VI. DIRECTORS

The number of directors constituting the initial Board of Directors of the proposed corporation is four (4) members. The name and address of each person who is to serve as a member of the initial Board of Directors are:

| <u>NAME</u> | <u>ADDRESS</u> |
|------------------------|--|
| JOSEPH J. DI CAPUA | 250 S.W. 1 st Avenue Boca Raton, Florida 33486 |
| JOSEPH S. ANTONUCCI | 834 Harbor Inn Drive Coral Springs, Florida 33071 |
| DERWIN A. WESTERBURGER | 627 Verona Place Weston, Florida 33326 |
| JOSEPH M. CROES | 627 Verona Place Weston, Florida 33326 |

ARTICLE VII. INCORPORATOR

| <u>NAME</u> | <u>ADDRESS</u> |
|--------------------|---|
| JOSEPH J. DI CAPUA | 250 S.W. 15 Avenue Boca Raton, Florida 33486 |

EXECUTED by the undersigned at Deerfield Beach, Florida, on
this 21 day of March, 1995.



JOSEPH J. DI CAPUA

STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized to take acknowledgments in the State and County named above, personally appeared JOSEPH J. DI CAPUA, who is personally known to me or has produced a Florida driver's license as identification and who did not take an oath and who executed the foregoing Articles of Incorporation.

WITNESS my hand and official seal of the County and State named above this 21 day of March, 1995.



Notary Public

My Commission Expires:



ARTHUR W. GUNDLING
MY COMMISSION # CC325877 EXPIRES
November 8, 1997
BONDED THROUGH TROY FAIR INSURANCE, INC.

Pursuant to Section 607.164 of the Florida Statutes, I,
JOSEPH J. DI CAPUA, accept the designation as Registered Agent
for CARIBBEAN MEDICAL CARE, INC.

Joseph J. Di Capua
JOSEPH J. DI CAPUA

FILED
MAR 22 PM 12:23
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, a Notary
Public duly authorized to take acknowledgments in the State and
County named above, personally appeared JOSEPH J. DI CAPUA, who
is personally known to me or has produced a Florida driver's
license as identification and who accepted the designation of
registered agent by signing the Articles of Incorporation.

WITNESS my hand and official seal in the County and State
named above on this 21 day of March, 1995.

Arthur W. Gundling
Notary Public

My Commission Expires:



ARTHUR W. GUNDLING
MY COMMISSION # CC325677 EXPIRES
November 8, 1997
BONDED THRU TROY LAM INSURANCE, INC