

P95000025603



Florida Health & Rehabilitative Services, Inc.

3972 N.W. 36 Street • Miami, FL 33142

(City, State, Zip)

(Phone #)

OPTIONAL ONLY

800001421448

-03/06/95--01020--016

****122.50 ****122.50

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

1. Med-Florida Health Center Inc.
(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 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 MAR 30 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

502
445-5158
Dmc 3/30/95
Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 9, 1995

SHAUKAT ALI
C/O FLORIDA HEALTH MEDICAL CENTER
3972 NW 36TH ST.
MIAMI, FL 33142

SUBJECT: FAMILY HEALTH MEDICAL CENTER INC.
Ref. Number: W95000005158

We have received your document for FAMILY HEALTH MEDICAL CENTER INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6929.

Brendolyn Bruton
Corporate Specialist

Letter Number: 295A00010503

FILED

95 MAR 30 PM 4:07

ARTICLES OF INCORPORATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MED-FLORIDA HEALTH CENTER INC.

The undersigned, for the purpose of forming a corporation under the FLORIDA GENERAL CORPORATION ACT, hereby adopts the following Articles of Incorporation:

ARTICLE ONE
NAME

The name of this corporation is: MED-FLORIDA HEALTH CENTER INC.

ARTICLE TWO
DURATION

The term of existence of the corporation is perpetual.

ARTICLE THREE
PURPOSE

The corporation may transact any and all lawful business for which corporation may be incorporated under the laws of the State of Florida, and specifically but not limited to the sale, purchase, and transfer of real and/or personal property.

ARTICLE FOUR
CAPITAL STOCK

The maximum number of shares which the corporation has authority to issue is one thousand (1000), all of which shall be common shares with a par value of One Dollar and no/cents (\$1.00) each.

ARTICLE FIVE
REGISTER OFFICE

The street address of the initial register office of the corporation shall be: 125 N.E. 8 ST. Suite 1 Homestead Florida 33030 and the name of the initial Register Agent at such address is:

SHAUKAT ALI

I HEREBY ACCEPT THE POSITION OF REGISTER AGENT:

SHAUKAT ALI

ARTICLE SIX
DIRECTORS

6.01 The Board of Directors of the corporation shall consist of at least one (1) member.

6.02 The names and addresses of the initial directors of the first Board of Directors shall be as follows:

Name:	Addresses:
Shaukat Ali	15565 SW 49 ST. Miami Florida 33185
Sergio Oscar Ruiz	1301 SW 126 Pl. Miami Florida 33184

ARTICLE SEVEN
OFFICERS

The names and addresses of the first officers of the corporation, shall be as follows:

Office:	Name:	Addresses:
President/Treasurer	Shaukat Ali	15565 SW 49 ST. Miami Fl. 33185
Vice-Pres./Secretary	Sergio O. Ruiz	1301 SW 126 PL. Miami Fl. 33184

ARTICLE EIGHT
PRINCIPAL PLACE OF BUSINESS

The principal place of business of Med-Florida Health Center Inc. is:

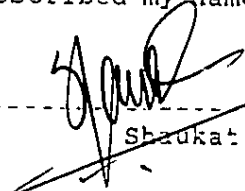
125 N.E. 8 ST. Suite 1 Homestead Fla. 33030

ARTICLE NINE
INCORPORATOR

The name and address of the incorporator is:

Name	Address:
Sergio Oscar Ruiz	Same as above

IN WITNESS WHEREOF, I have subscribed my name this 21 day of March, 1995.



Shaukat Ali

