

P95000030954

Phyllis Block

(Requestor's Name)
13533 - ELL Wellington Trace
(Address)
Wellington, FL 33414 (407) 791-9990
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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-04/20/95--01065--001
****131.25 ****131.25

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

1. LYMPHATIC CARE CONSULTING, 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
Profit
NonProfit
Limited Liability
Domestication
Other

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials

NICOLETTI BLOCK DUFFY PONCY & KOHN, P.A.
Attorneys at Law

PHYLLIS S. BLOCK*
LAWRENCE DUFFY
MICHELLE S. KOHN**
PAUL J. NICOLETTI
MARNIE RITCHIE PONCY

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Telephone (407) 791-9990
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Goldstein & Wilensky, P.A.
Jerri M. Blaney, P.A.
of Counsel

NANCY F. JOY
Certified Legal Assistant

*Admitted in Florida & Illinois

**Florida Bar Board Certified
in Marital and Family Law

April 14, 1995

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

HAND DELIVERED

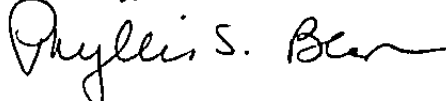
Re: Lymphatic Care Consultants, Inc.

To Whom It May Concern:

Enclosed please find Articles of Incorporation for Lymphatic Care Consultants, Inc., along with our trust account check # 0556 in the amount of \$131.25 to cover the cost of the filing fees and the Certificate of Good Standing from the State. Please date stamp a copy and return it to the courier.

If you have any questions regarding the foregoing, please contact me.

Sincerely,



PHYLLIS S. BLOCK

PSB/jb

Enclosures

**ARTICLES OF
INCORPORATION
OF
LYMPHATIC CARE CONSULTANTS, INC.**

FILED
95 MAR 20 11 11 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

NAME

The name of this corporation shall be **LYMPHATIC CARE CONSULTANTS, INC.**

ARTICLE II

DURATION

This corporation shall exist perpetually.

ARTICLE III

PRINCIPAL OFFICE

The street address of the initial principal office of **LYMPHATIC CARE CONSULTANTS, INC.** is 810 South Palm Way, Lake Worth, Florida 33460.

ARTICLE IV

PURPOSE

This corporation is organized for the purpose of providing lymphatic care, and for any other purpose allowed under the Laws of the State of Florida, and the Laws of the United States of America, whichever is applicable.

ARTICLE V

CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is One Thousand Shares of common stock having One Dollar (\$1.00) par value per share.

ARTICLE VI

PRE-EMPTIVE RIGHTS

The holders of common stock of this corporation shall have pre-emptive rights to purchase, at prices, terms and conditions that shall be fixed by the Board of Directors, such of the shares of the stock of this corporation as may be issued for money, or any property or services from time to time, in addition to that stock authorized and issued, by the corporation. The pre-emptive right of any holder is determined by the ratio of the authorized and issued shares of common stock held by the holder to all shares of common stock currently authorized and issued.

ARTICLE VII

BY-LAWS

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors and the Shareholders.

ARTICLE VIII

CUMULATIVE VOTING

The shareholders of this corporation shall be allowed to vote their shares cumulatively so as to give one shareholder as many votes as the number of directors to be elected multiplied by the number of said shareholder's shares, to distribute them among as many candidates as said shareholder may wish. Notice must be given by any shareholder to the President or a Vice President of said corporation not less than 24 hours prior to the time set for the holding of a shareholders' meeting for the election of directors that said shareholder intends to cumulate his vote at said election.

ARTICLE IX

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 13833-E-14 Wellington Trace, Wellington, Florida 33414, and the name of the initial registered agent of this corporation at that address is PHYLLIS S. BLOCK, Attorney at Law.

ARTICLE X

INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) Directors initially. The number of Directors may be increased or diminished from time to time in accordance with the procedures specified

in the corporate By-Laws, but the number of Directors shall never be fewer than two (2).
The names and addresses of the Initial Directors of this corporation are:

<u>NAME</u>	<u>ADDRESS</u>
<u>TONIA M. TERMONT</u>	<u>810 South Palm Way</u> <u>Lake Worth, Florida 33460</u>
<u>ELIZABETH OLIVAS</u>	<u>1101 Crystal Lake Drive, #206</u> <u>Pompano Beach, Florida 33064</u>

ARTICLE XI

INCORPORATORS

The names and addresses of the persons signing these Articles of Incorporation are:

<u>NAME</u>	<u>ADDRESS</u>
<u>TONIA M. TERMONT</u>	<u>810 South Palm Way</u> <u>Lake Worth, Florida 33460</u>
<u>ELIZABETH OLIVAS</u>	<u>1101 Crystal Lake Drive, #206</u> <u>Pompano Beach, Florida 33064</u>

ARTICLE XII

The shareholders shall have the power to adopt, amend, alter, change or repeal the articles of incorporation when proposed and approved at a shareholders' meeting, with not less than a unanimous vote of the common stock.

ARTICLE XIII

SHAREHOLDER VOTING

An affirmative vote of all of the shares of the corporation shall be required for any shareholder action.

IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles of Incorporation this 29th day of March, 1995.


TONIA M. TERMONT


ELIZABETH OLIVAS

STATE OF FLORIDA
COUNTY OF PALM BEACH

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared TONIA M. TERMONT, who is personally known to me or has produced _____ as identification and she acknowledged before me that she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 29th day of March, 1995.


Notary Public

My Commission Expires:



LARRY E. LOVING
MY COMMISSION # CC880488 EXPIRES
March 18, 1998
Bonded Thru TROY PAUL INSURANCE, INC.

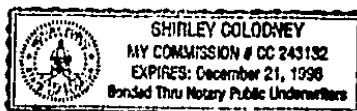
STATE OF FLORIDA
COUNTY OF PALM BEACH

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared ELIZABETH OLIVAS, who is personally known to me or has produced FL License # 2412 2335658 as identification and she acknowledged before me that she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 4 day of April, 1995.


Notary Public

My Commission Expires:



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the Laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

LYMPHATIC CARE CONSULTANTS, INC.

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

Phyllis S. Block
Nicoletti Block Duffy Ponce & Kohn, P.A.
13833-E14 Wellington Trace
Wellington, Florida 33414

95 APR 20 11:13 AM
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
PALM BEACH COUNTY, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Phyllis S. Block
PHYLLIS S. BLOCK

Date: 4/13/95