

TRANSMITTAL LETTER

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

P45000032010

SEP 25 PM 7:51
TALLAHASSEE, FLORIDA

SUBJECT: PROFESSIONAL MEDICAL CLINIC INC

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00

☐ \$78.75

☒ \$122.50

☐ \$131.25

FROM: ORESTE CASTILLO

Name (printed or typed)

11159 N.W. 1st Terrace

Address

Miami, Florida. 33172

City, State & Zip

(305) 220-3702

Daytime Telephone number

2000001455017
-04/12/95--01109--011
***122.50 ***122.50

4/18/95
75
00670
00619
00671

NOTE: Please provide the original and one copy of the articles.

195A-179B2



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 18, 1995

ORESTE CASTILLO
11159 NW 1ST TERRACE
MIAMI, FL 33172

SUBJECT: PROFESSIONAL MEDICAL CLINIC INC.
Ref. Number: W95000008210

We have received your document for PROFESSIONAL MEDICAL CLINIC INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 195A00017932

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
PROFESSIONAL MEDICAL CLINIC INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
4100 SW 57 Ave, Miami, Florida. 33155
Mailing Address: 11159 NW 1st Terrace. Miami, Florida 33172

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares of common stock having a par value of \$1.00 (one dollar) per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

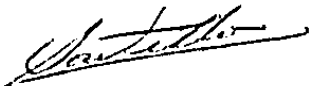
The name and address of the initial registered agent is: Oreste Castillo
11159 N.W. 1st Terrace, Miami, Florida. 33172

ARTICLE V INCORPORATOR(S)

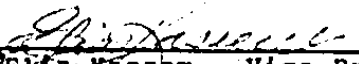
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are): Oreste Castillo - President and Elia Kassem - Vice-President.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28 day of March, 19 95.



Signature Oreste Castillo - President



Signature Elia Kassem - Vice-President

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS
OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIG-
NATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF
FLORIDA.

1. The name of the corporation is: PROFESSIONAL MEDICAL CLINIC INC

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

Oreste Castillo & Elia Kassem

(Name)

11159 N. W. 1st Terrace

(P.O. Box not acceptable)

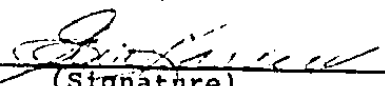
Miami, Florida. 33172

(City/State/Zip)

*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 perfor-
mance of my duties, and I am familiar with and accept the obligations of my position
as registered agent.*


(Signature)

Oreste Castillo


(Signature)

Elia Kassem

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL