

PA50000 35404

OFFICE USE ONLY (Document #)

Ed Tribble
Florida Information Associates, Inc.

(Requestor's Name)

P. O. Box 11144

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Tallahassee, FL 32302 878-0188

(City, State, Zip)

(Phone #)

95-1-5-12-15

NOV 1995

8000014774-18
-05/05/95--01082---001
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OFFICE USE ONLY

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

1. ST. JOHN HEALTH CARE INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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

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

FILED
MAY 5 PM 1:19
REGISTERED AGENT

MAY 5 1995

Examiner's Initials **BSB**

**ARTICLES OF INCORPORATION
OF
ST. JOHN HEALTH CARE, INC.**

FILED
95 MAY -5 PM 1:19
SECRETARY OF STATE
STATE OF FLORIDA

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE

The name of this corporation shall be :

ST. JOHN HEALTH CARE, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate name;

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 1,500,000 (one million five hundred thousand) shares, having and individual par value of No Par Value.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Registered Agent of this corporation shall be :

James V. Johnstone
7200 N.W. 19 Street Suite 600
Miami, Fl. 33126

The principal office shall be:

7200 N.W. 19 Street Suite 600
Miami, Fl. 33126

ARTICLE VI


The initial Board of Directors shall consist of one (1) Director initially and the name and address of this person who will serve as an initial director is:

Miguel A. Cruz Peraza
7200 N.W. 19 St., Suite 600
Miami, Florida 33126

The name and address of the incorporator executing these Articles of Incorporation is:

James V. Johnstone
7200 N.W. 19 Street Suite 600
Miami, Fl. 33126

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 27 day of April, 1995.


James V. Johnstone


STATE OF FLORIDA

) SS. _____

COUNTY OF DADE

BEFORE ME, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared James V. Johnstone known to me and known by me to be the person (s) who executed the foregoing Articles of Incorporation, and he (they) 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 27 day of April, 1995.


NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My Commission Expires:



CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, 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 : ST. JOHN HEALTH CARE, INC.
2. The name and address of the registered agent and office is:

James V. Johnstone

7200 N.W. 19 Street Suite 600

Miami, Fl . 33126

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 PROVISION 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.

SIGNATURE

DATE

James V. Johnstone
4/24/95

FILED
APR -5 PM 1:19
CLERK OF DISTRICT COURT
JULY 1995

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

995000035404

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: ST. John Health Care, Inc. EIN or SS#: 38-1428473

Address: 7200 n.w. 19 Street, Suite 600
Miami, Florida 33126 Attn. James V. Johnston

Amount: 225 Date Paid 7-31-96

Reason for claim: 995000035404 duplicate
billing, of the AR

Certified true and correct this 7 day of September, 19 96.

Signature [Signature]

* Must be completed if authority is other than Section 215.26, Florida Statutes

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 225.

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 97496047 dated 7-31-96.

Name of Account _____
45202130001453000000000010000

Statutory Authority for Collection _____

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____
452021300014530000000220000000

Certified true and correct this _____ day of _____, 19 _____.

Department of State, Division of Corporations _____
(Agency) (Authorized Signature and Title)