

P95000037089

TRANSMITTAL LETTER

FILED
95 MAY -8 PM 3:36
TALLAHASSEE FLORIDA

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

ENCLOSURE 1480593
05/00/95--01070--010
****131.25 ****131.25

SUBJECT: WOUND CARE CONSULTANTS, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: MARIA NEWPORT-JONES
Name (printed or typed)
4250 SW 149th Court
Address
Miami, FL 33185
City, State & Zip
(305) 223-5121
Daytime Telephone number

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

BROWN MAY 10 1995

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:

WOUND CARE CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7821 Coral Way #132
Miami, FL 33155

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maria Newport-Jones
4250 SW 149th Court
Miami, FL 33185

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

ARTICLE V INCORPORATOR(S)


See Instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

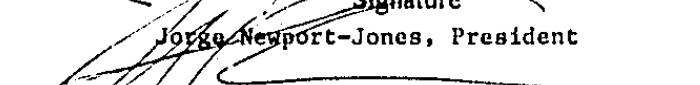
- 1) JORGE NEWPORT-JONES, President
4250 SW 149th Court
Miami, FL 33185
- 2) JOSE PACHECO, Vice President
4734 NW 98th Place
Miami, FL 33178
- 3) ANA M. GARRIDO DUERO, Vice President
6266 SW 39th Terrace
Miami, FL 33155
- 4) MARIA T. PACHECO, Secretary
4734 NW 98th Place
Miami, FL 33178
- 5) Maria I. Newport-Jones, Tres.
4250 SW 149th Court
Miami, FL 33185

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

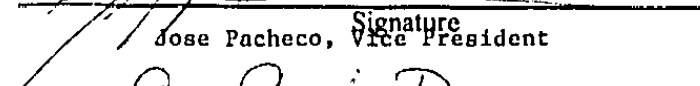
1st day of May, 19 95.



Signature
Jorge Newport-Jones, President



Signature
Jose Pacheco, Vice President



Signature
Ana M. Garrido Duero, Vice President

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
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: WOUND CARE CONSULTANTS, INC.

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

MARIA NEWPORT-JONES
(NAME)
4250 SW 149th Court
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Miami, FL 33185
(CITY/STATE/ZIP)

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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.

Maria J. Newport-Jones
(SIGNATURE)

May 1, 1995
(DATE)