

P95000037893

CARLOS M. FERNANDEZ, P.A.
CERTIFIED PUBLIC ACCOUNTANT

Member of American Institute
of Certified Public Accountants

Member of Florida Institute
of Certified Public Accountants

2600 Douglas Road, Suite 708
Coral Gables, Florida 33134

Phone: (305) 448-8888
Fax: (305) 448-3004

May 2, 1995

700001485467
-05/12/95--01032--015
****122.50 ****122.50

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

To whom it may concern:

Enclosed please find two copies of the the original Articles of Incorporation and a check for \$122.50 for the State recording fee for **Healthcare Systems Management, Inc.**

The State Certified copy of the articles and State of Florida Certificate for this corporation should be sent to:

Carlos M. Fernandez, P.A.
2600 Douglas Road, Suite #708
Coral Gables, Florida 33134

If you have any questions, please contact the undersigned.

Sincerely,



Carlos M. Fernandez

FILED
MAY 11 PM 12:57
TALLAHASSEE, FLORIDA

D. BROWN MAY 12 1995

**ARTICLES OF INCORPORATION
OF
HEALTHCARE SYSTEMS MANAGEMENT, INC.**

FILED
MAY 11 PM 12:57
RECORDS & CLERK
STATE OF FLORIDA

THE UNDERSIGNED, has executed the following document as incorporator for 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 I

The name and address of the corporation shall be:

HEALTHCARE SYSTEMS MANAGEMENT, INC.
10302 N.W. 9th STREET CIRCLE, #204
MIAMI, FLORIDA 33172

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 principal place of business and mail address of this corporation shall be:

10302 N.W. 9th STREET CIRCLE, #204
MIAMI, FLORIDA 33172

ARTICLE IV

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;

To sue and be sued, complain, and defend in its corporate name in all actions or proceedings;

To have a corporate seal, which may be altered at pleasure, and to use the same by causing it, or a facsimile thereof, to be impressed, affixed, or in any other manner reproduced;

To purchase, take, receive, lease, or otherwise acquire, own, hold, improve, use, and otherwise deal in and with real or personal property or any interest therein, wherever situated;

To sell, convey, mortgage, pledge, create a security interest in, lease, exchange, transfer, and otherwise dispose of all or any part of its property and assets;

To lend money to, and use its credit to assist, its officers and employees in accordance with Florida Statute §607.141;

To purchase, take, receive, subscribe for, or otherwise acquire, own, hold, vote, use, employ, sell, mortgage, lend, pledge, or otherwise dispose of, and otherwise use and deal in and with, shares or other interests in, or obligations of, other domestic or foreign corporations, associations, partnerships, or individuals, or direct or indirect obligations of the United States or of any other government, state, territory, governmental district, or municipality or of any instrumentality thereof;

To make contracts and guarantees and incur liabilities, borrow money at such rates of interest as the corporation may determine, issue its notes, bonds, and other obligations, and secure any of its obligations by mortgage or pledge of all or any of its property, franchises, and income;

To lend money for its corporate purposes, invest and reinvest its funds, and take and hold real and personal property as security of the payment of funds so loaned or invested;

To conduct its business, carry on its operations, and have offices and exercise the powers granted by this act within or without this state;

To elect or appoint officers and agents of the corporation and define their duties and fix their compensation;

To make and alter bylaws, not inconsistent with its articles of incorporation or with the laws of this state, for the administration;

To make donations for the public welfare or for charitable, scientific, or educational purposes;

To transact any and all lawful business which the board of directors shall find will be in aid of governmental policy;

To pay pensions and establish pension plans, profit sharing plans, stock bonus plans, stock option plans, and other incentive plans for any or all of its directors, officers, and employees and for any or all of the directors, officers, and employees of its subsidiaries;

To be a promoter, incorporator, partner, member, associate, or manager of any corporation, partnership, joint venture, trust, or other enterprise;

To have and exercise all powers necessary or convenient to effect its purposes;

To indemnify any person who by reason of the fact that he is or was a director, officer, employee or agent of the corporation to the full extent as permitted by Florida Statute §607.014;

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is the total sum of 1,000 shares, having an individual par value of \$1.00.

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 VI

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

Janet Fernandez
10809 N.W. 7th Street, Unit 12
Miami, Florida 33172

ARTICLE VII

The Initial Board of Directors shall consist of a total of 3 persons and the names of the persons who are to serve as initial directors are:

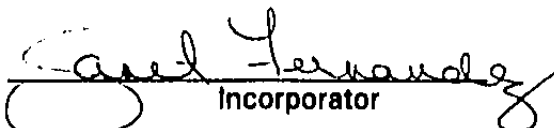
Ileana G. Orozco 10302 N.W. 9th St. Cir., #204, Miami, Fl.
Rolando Fernandez 10809 N.W. 7th St., Unit 12, Miami, Fl.
Elia Garcia 5776 S.W. 54th Terrace, Miami, Fl.

ARTICLE VIII

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

Janet Fernandez
10809 N.W. 7th Street, Unit 12
Miami, Florida 33172

The undersigned has executed these Articles of Incorporation this 26th day of April, 1995.


Incorporator

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED
25 MAY 11 PM 12:57
TALLAHASSEE, FLORIDA
STATE

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.

First that Healthcare Systems Management, Inc., desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation has named Janet Fernandez located at Miami, County of Dade, State of Florida, as its agent to accept service of process within this state.

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.

SIGNATURE

Janet Fernandez
Registered Agent

P95000037893

March 21, 1996

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

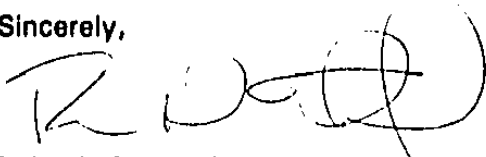
FILED
96 AUG 14 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To whom it may concern:

I am writing this letter to inform you that, effective immediately, I am resigning as a director from the Board of Directors of the corporation **Healthcare Systems Management, Inc.**, document number P95000037893, which was incorporated in the State of Florida on May 11, 1995.

If additional information is needed, please contact me.

Sincerely,



Rolando Fernandez
10809 N.W. 7th Street, Unit 12
Miami, Florida 33172

500001923645
-08/15/96--01091--008
*****35.00 *****35.00

O/D resig

8 86 AUG 14 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 16, 1996

ROLANDO FERNANDEZ
10809 N.W. 7TH ST.
MIAMI, FL 33172

SUBJECT: HEALTHCARE SYSTEMS MANAGEMENT, INC.
Ref. Number: P95000037893

We have received your document for HEALTHCARE SYSTEMS MANAGEMENT, INC.. However, the document has not been filed and is being returned for the following:

The fee to file your document is \$35.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 596A00017615

RECEIVED
95 AUG 14 AM 8:06
DIVISION OF CORPORATIONS

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

FILED
96 AUG 14 PM 3:09
TALLAHASSEE FLORIDA

I, Rolando M Fernandez, hereby resign as DIRECTOR
(Title)
of HEALTHCARE SYSTEMS MANAGEMENT INC
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA.

That the corporation has been notified in writing of the resignation.

R. M. Fernandez
(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

P95000037893

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

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: Janet Fernandez EIN or SS#: 589-05-7266

Address: 14856 SW 17th St
Miami, FL 33187

Amount: \$87.50 Date Paid Sept. 96

Reason for claim: Withdrawal of registered agent resignation fee.

S. Harris/Amendments

HEALTHCARE SYSTEMS MANAGEMENT, INC., P95-37893

Certified true and correct this 10th day of October, 19 96.

Signature Janet Fernandez

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

SH 10/16

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 87.50

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 01074--018 dated 09/20/96

Name of Account

45202130001453000000000010000

Statutory Authority for Collection 607.0122

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

NAME OF ACCOUNT:

45202130001453000000022002000

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

Department of State, Division of Corporations
(Agency)

(Authorized Signature and Title)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 25, 1996

Janet Fernandez
14856 SW 176th St.
Miami, FL 33187-6758

SUBJECT: HEALTHCARE SYSTEMS MANAGEMENT, INC.
Ref. Number: P95000037893

We have received your document for **HEALTHCARE SYSTEMS MANAGEMENT, INC.** and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

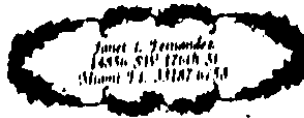
Our records show Tomas I. Orozco as the current registered agent for this corporation. He became the registered agent on May 22, 1996. The enclosed form is not necessary. Please complete the enclosed refund application.

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) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 296A00044151



700001953157
-09/20/96--01074--010
*****87.50 *****87.50

Office Use Only

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

1. _____ (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

Examiner's Initials