



100 HAYS STREET  
TALLAHASSEE, FL 32301  
904-9171  
CSC NETWORKS CORPORATION

**P9500058434**

ACCOUNT NO. : 072100000032

REFERENCE : 598341 84140A  
*Tatiana Fyfe*

AUTHORIZATION :

COST LIMIT : 9 70.00

ORDER DATE : May 12, 1995

ORDER TIME : 9:24 AM

ORDER NO. : 598341

CUSTOMER NO: 84140A

4000001487374

CUSTOMER: John D. Demmi, Esq  
JOHN D. DEMMI, ESQ

Suite 401  
3191 Coral Way  
Miami, FL 33145

DOMESTIC FILING

NAME: TOTAL MEDICAL, INC.

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jodie Krebs

EXAMINER'S INITIALS:

**I BROWN MAY 16 1995**

**FILED**  
**95 MAY 15 AM 8:17**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

ARTICLES OF INCORPORATION  
OF  
TOTAL MEDICAL, INC.

FILED  
95 MAY 15 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

TOTAL MEDICAL, INC.

The address of the principal office of this corporation shall be 3191 Coral Way, Suite 401, Miami, Florida 33145, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

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

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on May 15, 1995.

CORPORATION SERVICE COMPANY

By: \_\_\_\_\_

Its Agent, Gail Shelby

FILED  
95 MAY 15 AM 8 17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION SERVICE COMPANY

By: Gail Shelby  
Its Agent, Gail Shelby

LEL/JLM

P95000038434

John Demmi

Attorney at Law  
3191 Coral Way • Suite 401  
Miami, Florida 33145

500001531315  
-07/06/95--01034--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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

FILED  
95 JUL -5 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ON P95000038434  
7-6-95  
BACW

Examiner's Initials \_\_\_\_\_

Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Total Medical, Inc.

1b. Date of incorporation May 15, 1995 Document number P95000038434

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

CSC Networks, 1201 Hays Street, Tallahassee, Florida 32301

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

John Demmi, 3191 Coral Way, Suite 401, Miami, Florida 33145

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

  
\_\_\_\_\_  
SIGNATURE  
June 19, 1995  
\_\_\_\_\_  
DATE

General Counsel - John Demmi  
\_\_\_\_\_  
Typed or printed name and title

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

  
\_\_\_\_\_  
SIGNATURE  
(Registered Agent)  
\_\_\_\_\_  
DATE June 19, 1995

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