

P95000041235

DIVISION OF CORPORATIONS
DEPARTMENT OF REVENUE
STATE OF FLORIDA
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(((H95000005769))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: AMERICAN HEALTH PREFERRED PROVIDER ORGANIZATION, INC
FAX AUDIT NUMBER: H95000005769 CURRENT STATUS: REQUESTED
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FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

May 24, 1995

EMPIRE

MIAMI, FL

SUBJECT: AMERICAN HEALTH PREFERRED PROVIDER ORGANIZATION, INC.
REF: W95000010915

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

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) 487-6931.

Steven Godfrey
Corporate Specialist

FAX Aud. #: W95000005769
Letter Number: 195A00026411

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

**ARTICLES OF INCORPORATION
OF**

AMERICAN HEALTH PREFERRED PROVIDER ORGANIZATION, INC.

The undersigned, for the purpose of forming a corporation under the Florida Corporation Act, do hereby adopt the following articles of incorporation:

**ARTICLE ONE
NAME**

The name of the corporation is **AMERICAN HEALTH PREFERRED PROVIDER ORGANIZATION, INC.**

**ARTICLE TWO
CORPORATE DURATION**

The duration of the corporation is to be perpetual.

**ARTICLE THREE
PURPOSE**

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE FOUR
CAPITALIZATION**

The aggregate number of shares which the corporation is authorized to issue is 10,000 shares. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

**ARTICLE FIVE
PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be 600 West 20th Street, Hialeah, Florida 33010.

**ARTICLE SIX
REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the corporation is 2701 S.W. Lelaune Road, Suite 401, Coral Gables, Florida 33134, and the name of its initial registered agent at such address, is Jose R. Pujols.

JOSE R. PUJOLS, ESQ.
2701 S. BAYSHORE DR., # 401
CORAL GABLES, FL 33134
(305) 569-9533
FL. BAR NO. 936911

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LeJeune Road, Suite 401, Coral Gables, Florida 33134

ARTICLE SEVEN DIRECTORS

The number of directors constituting the initial board of directors of the corporation shall be not less than One (1). The name and address of each person who is to serve as a member of the initial board of directors is:

Name:

Address:

Wilfred Braceras

600 West 20th Street
Hialeah, Florida 33010

ARTICLE EIGHT INCORPORATORS

The name and address of each incorporator is:

Name:

Address:

Jose R. Pujols

2701 S.W. LeJeune Road, Suite 401
Coral Gables, Florida 33134

ARTICLE NINE INDEMNIFICATION

This corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law.

ARTICLE TEN AMENDMENTS

These articles of incorporation may be amended in the manner authorized by at the time of amendment.

IN WITNESS WHERETO, I, Jose R. Pujols, being the incorporator of this corporation, make and file these articles of incorporation this 23rd day of May, 1995.


Jose R. Pujols

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 607.0501, FLORIDA STATUTES, THE FOLLOWING
IS SUBMITTED:

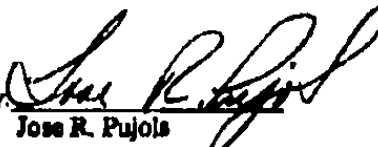
THAT AMERICAN HEALTH PREFERRED PROVIDER ORGANIZATION, INC.,
DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA,
WITH ITS PRINCIPAL PLACE OF BUSINESS AT:

**608 WEST 20TH STREET
HIALEAH, FLORIDA 33010**

HAS NAMED JOSE R. PUJOLS, ESQ., LOCATED AT 2701 S.W. LEJEUNE ROAD, SUITE
401, CORAL GABLES, FLORIDA 33134, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS
WITHIN FLORIDA.


Jose R. Pujols, Incorporator

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION, AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY AGREE
TO ACT IN THIS CAPACITY, AND FURTHER AGREE TO COMPLY WITH THE
PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES.

By: 
Jose R. Pujols

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TALLAHASSEE, FLORIDA

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