

TRANSMITTAL LETTER

Date: ^{7/25}~~7/26~~ 1995
K.B.

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

100001548751
-07/28/95--01056--005
****122.50 ****122.50

SUBJECT: KCMC Health Care, Inc.

I enclose an original and 1 copy(ies) of the Articles of Incorporation for the above corporation
and a check in the amount of \$ 122.50.

SIGNED: [Signature]

From: Karen J. Ross
6145 Belliza Ln., Estrada
Boca Raton, FL 33434
Phone No.: 407-477-9709



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 31, 1995

KAREN J. ROSS
6145 BELLIZA LANE, ESTRADA
BOCA RATON, FL 33434

SUBJECT: FIRST COAST PARALEGAL, INC.
Ref. Number: W95000015278

We have received your document for FIRST COAST PARALEGAL, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The corporate name must be identical throughout the document.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 395A00036015

ARTICLES OF INCORPORATION

OF

KCMC HEALTH CARE INC

ARTICLE I NAME

The name of the corporation shall be: KCMC Health Care, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Principle Address: 11 Executive Center Dr
Apartment 1-100,
West Palm Beach, FL 33401

Mailing Address: 6145 Belleza Ln., Estrada
Boca Raton, FL 33434

ARTICLE III CAPITAL STOCK

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

2,000 shares at the par value of \$1.00 each.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Courtney Ross
6145 Belleza Ln., Estrada
Boca Raton, FL 33434

ARTICLE V INCORPORATOR

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

Karen J. Ross
6145 Belleza Ln., Estrada
Boca Raton, FL 33434

ARTICLE VI EFFECTIVE DATE

Pursuant to Section 607.0123 of the Florida Statutes, the effective date of this document shall be the 25th day of July, 1995.

The undersigned has executed these Articles of Incorporation this 25 day of July 19 95


Karen J. Ross, Incorporator

CERTIFICATE OF DESIGNATION

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: KCMC Health Care, Inc.

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

Courtney Ross
6145 Belleza Ln., Estrada
Boca Raton, FL 33434

(Specified in Article IV of Articles of Incorporation)

Signature: [Handwritten Signature]

Title: Incorporator

Date: 7/25
47/25 1995
1/28

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: [Handwritten Signature]

Date: 7-25- 1995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -5 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000062402

1. Corporation Name

KCMC HEALTH CARE INC.

Principal Place of Business

11 EXECUTIVE CENTER DRIVE APT. 1-100
WEST PALM BEACH FL 33401

Mailing Address

11 EXECUTIVE CENTER DRIVE APT. 1-100
WEST PALM BEACH FL 33401



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6145 BELLEZA LA. ESTRADA

State, Apt. #, etc.

3. New Mailing Office Address, If Applicable

State, Apt. #, etc.

City, State

BOCA RATON, FLORIDA

Zip

33434

Country

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1995

5. FEIN number

06-0604137

Applicable

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SB 75 Amendment Fee required
for a certificate of status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
* BOB	KAREN ROSS	6145 BELLEZA LA	BOCA RATON FL 33433
*	COURTNEY ROSS		

300002002933--3
-11/13/95--01108--020
****375.00 ****375.00

8. Name and Address of Current Registered Agent

ROSS, COURTNEY
6145 BELLEZA LA. ESTRADA
BOCA RATON FL 33434

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

State, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Courtney Ross

REGISTERED AGENT MUST SIGN

Date

10/30/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/96

Daytime Phone #