

CR2F031(10/92)

## ARTICLES OF INCORPORATION

OE

Associated Providers' Network, Inc.

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:

Associated Providers' Network, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

1280 SW 26th Ave, Suite 1  
Ft Lauderdale, Florida 33312

### ARTICLE III CAPITAL STOCK

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

10,000 shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Francisco Gonzalez  
1280 SW 26th Avenue, Suite 1  
Ft Lauderdale, FL 33312

FILED  
95 AUG 17 PM 1:05  
CLERK OF DISTRICT COURT  
SOUTH FLORIDA  
JULY 17 1995

**ARTICLE V INCORPORATOR(S)**

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

Francisco Gonzalez  
1280 SW 26th Ave, Suite 1  
Ft Lauderdale, Fl 33312

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

15th day of August 1995.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: Associated Providers! Network, Inc.

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

Francisco Gonzalez  
(NAME)

1280 SW 26th Ave, Suite 1  
(P.O. BOX NOT ACCEPTABLE)

Ft Lauderdale, Florida 33312  
(CITY/STATE/ZIP)

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 

DATE 8/15/95

95 AUG 17 PM 1:05