

P95000067632

South Florida Health Care Provider

6532 Athena Drive

Lake Worth, Florida 33463

August 22, 1995

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

000001572150  
-08/29/95--01058--017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Dear Sir/ Madam,

Enclosed is an application for incorporation of business. I have enclosed \$78<sup>JK</sup>76 for the fee for the incorporation.

Please direct any questions regarding the incorporation to the above address.

Respectfully yours,

*Violeta S. Rosario*  
Violeta S. Rosario

P95-67632

FILED  
SEP 19 1995  
TALLAHASSEE, FLORIDA

*Dmc*  
8/30/95

## Articles Of Incorporation

The undersigned incorporation, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

FILED  
95 AUG 28 PM 4:18  
TALLAHASSEE, FLORIDA

### Article I Name

The name of the corporation shall be

**SOUTH FLORIDA HEALTH CARE PROVIDER  
Inc.**

### Article II Principal Office

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

**6532 Athena Drive  
Lake Worth, Florida 33463**

### Article III Shares

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

**500 common**

### Article IV Initial Registered Agent and Street Address

The name and address of the initial registered agent is

**Violeta S. Rosario  
6532 Athena Dr.  
Lake Worth, FL 33463**

## Article V Incorporator

The name and street address of the incorporators to the articles of the Incorporation is

Violeta S. Rosario  
6532 Athena Dr.  
Lake Worth, Fl 33463  
Adela Pasion  
4751 Chariot Circle  
Greenacres , Florida 33463

The undersigned incorporators has executed these Articles of Incorporation this

*22* day of *August* 199*8*

*Violeta S. Rosario*

President

*Adela Pasion*

Vice President

FILED  
65 AUG 22 PM 4:18  
TALLAHASSEE, FLA

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

PURSUANT TO THE PROVISIONS OF SECTION 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: SOUTH FLORIDA HEALTH

CAPE PROUDLOCK INC

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

VIOLATA S. ROSARIO

(Name)

6532 ATHENA DRIVE

(P.O. Box not acceptable)

LAKE WORTH, FL. 33463

(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.*

Viola S. Rosario

(Signature)

8/22/95

(Date)