

P95000067737

1201 MAY ST
LAHA, FL 33111
(305) 422-0172
901-222-0391 FAX

800-372-8086



ACCOUNT NO. : 072100000032

REFERENCE : 673270 4135A

AUTHORIZATION :

COST LIMIT : \$

Patscia Pyatt

ORDER DATE : September 1, 1995

ORDER TIME : 9:27 AM

ORDER NO. : 673270

CUSTOMER NO: 4135A

CUSTOMER: Jennifer Parkins, Esq
STEEL HECTOR & DAVIS

41st Floor, Ste. 4000
200 S. Biscayne Boulevard
Miami, FL 33131-2398

DOMESTIC FILING

NAME: NATIONAL CARE CENTERS OF NORTH
MIAMI, INC.

XY 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: Debbie Skipper

EXAMINER'S INITIALS:

SAB
9/1/95

RECEIVED
SEP 1 1995
5500-1

ARTICLES OF INCORPORATION
OF
NATIONAL CARE CENTERS OF NORTH MIAMI, INC.

FILED
19 SEP 11 10 10 AM '07

ARTICLE I - NAME

The name of the corporation is National Care Centers of North Miami, Inc (hereinafter called the "Corporation").

ARTICLE II - PURPOSE

The Corporation is organized for the purpose of transacting any or all lawful business for corporations organized under The Florida Business Corporation Act of the State of Florida.

ARTICLE III - CAPITAL STOCK

The aggregate number of shares which the Corporation shall have the authority to issue is 1,000 shares of Common Stock, par value \$.001 per share.

Shares of capital stock of the Corporation that have been issued and subsequently acquired by the Corporation shall constitute issued but not outstanding shares of the same class, until canceled or disposed of (whether by resale or otherwise) by the Corporation. If the Board of Directors cancels any such shares, the canceled shares shall constitute authorized and unissued shares of the same class.

ARTICLE IV - INITIAL REGISTERED AGENT

The street address of the initial registered office of the Corporation is 7950 N.W. 53rd Street, Suite 210, Miami, Florida 33166, and the name of the initial registered agent of the Corporation at that address is Marialena Diaz.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office of the Corporation is 7950 N.W. 53rd Street, Suite 210, Miami, Florida 33166.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

The Corporation shall have one director initially. The number of directors may be either increased or decreased from time to time as provided in the Bylaws of the Corporation, but shall never be less than one. The name and address of the initial director of the Corporation is as follows:

<u>NAME</u>	<u>ADDRESS</u>
OSVALDO S. MARTINEZ	7950 N.W. 53rd Street, Suite 210 Miami, Florida 33166

ARTICLE VII - INCORPORATOR

The name and address of the person signing these Articles of Incorporation is Veronica Y. Sykes and her address is 7950 N.W. 53rd Street, Suite 210, Miami, Florida 33166.

[SIGNATURE APPEARS ON THE NEXT PAGE]

IN WITNESS WHEREOF, the incorporator has executed these Articles of Incorporation
this 1st day of September, 1995.

Veronica Y Sykes
VERONICA Y. SYKES, INCORPORATOR

**CERTIFICATE DESIGNATING THE ADDRESS
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED**

WITNESSETH

That National Care Centers of North Miami, Inc., desiring to organize under the laws of the State of Florida, has named, Marialena Diaz, located at 7950 NW 53 Street, Suite 210, Miami, Florida 33166 as its registered agent and to accept service of process within this state.

ACKNOWLEDGMENT:

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, and 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 under Section §607.0505, Florida Statutes.

Dated this 1st day of September, 1995.



MARIALENA DIAZ, REGISTERED AGENT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000067737

1. Corporation Name

NATIONAL CARE CENTERS OF NORTH MIAMI, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Office Address

7950 N.W. 53RD ST., STE. 210
MIAMI FL 33166

3. Mailing Address

7950 N.W. 53RD ST., STE. 210
MIAMI FL 33166

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

2. New Principal Office Address, If Applicable

State, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

P.O. Box 141966

State, Apt. #, etc.

City & State

Miami, Florida

Zip Country
33114 USA

REINSTATEMENT 9/6

4. Date incorporated or Qualified
To Do Business in Florida

09/01/1995

5. FEI Number
65-0606601

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional 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)

Officers

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

(Do NOT Use Post Office Box Numbers)

City / State - Zip

D MARTINEZ, OSVALDO S

7950 N.W. 53RD ST., STE. 210

MIAMI FL 33166

9000002006723--S

-11/18/96--01007--025

*****375.00 *****375.00

9000002006723--S

-11/18/96--01007--025

*****8.75 *****8.75

[Signature] 11/14/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

5325 NW 53rd St

State, Apt. #, Etc.

Suite 100

City

Miami

State

FL

Zip Code

33166

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/7/96

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 119.073(1), F.S. The information indicated in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P95000067737

ARTICLES OF MERGER
Merger Sheet

MERGING:-----

NATIONAL CARE CENTERS OF NORTH MIAMI, INC., a Florida corporation,
P95000067737

INTO

CAREMED HEALTH ADMINISTRATOR'S, INC., a Florida corporation,
P95000026997

File date: December 30, 1996

Corporate Specialist: Joy Moon-French

Account number: 072100000032

Account charged: 122.50