



# ARTICLES OF INCORPORATION

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS

96 JAN 11 PM 2:46

*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:

FAMILY HEALTH CENTER, INC.

## ARTICLE II PRINCIPAL OFFICE

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

1127 N.W. 22 AVENUE  
MIAMI, FLORIDA 33125

## ARTICLE III SHARES

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

SHARES: 100      PAR VALUE: \$1.00

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARLOS MENENDEZ  
1127 N.W. 22 AVENUE  
MIAMI, FLORIDA 33125

**ARTICLE V INCORPORATOR(S)**

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

DRUMNIA MAIQUEZ  
1127 N.W. 22 AVENUE  
MIAMI, FLORIDA 33125

CARLOS MENENDEZ  
1127 N.W. 22 AVENUE  
MIAMI, FLORIDA 33125

**ARTICLE VI DIRECTOR(S)**



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

DRUMNIA MAIQUEZ (P) 50%  
1127 N.W. 22 AVENUE  
MIAMI, FLORIDA 33125

CARLOS MENENDEZ (S/T) 50%  
1127 N.W. 22 AVENUE  
MIAMI, FLORIDA 33125

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

10 day of JANUARY, 19 96 .

X   
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

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

FILED  
CLERK OF STATE  
OFFICE OF CORPORATIONS  
96 JAN 11 PM 2:46

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: FAMILY HEALTH CENTER, INC.

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

CARLOS MENENDEZ  
(NAME)

1127 N.W. 22 AVENUE  
(P.O. BOX **NOT** ACCEPTABLE)

MIAMI, FLORIDA 33125  
(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 1/10/96

P96000003669

LAZARUS CORPORATE INDUSTRIES, INC.  
Requestor's Name

890 S.W. 87 AVENUE SUITE: 16  
Address

MIAMI, FLORIDA 33174 (305)552-5973  
City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. FAMILY HEALTH CENTER, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #) 1995031721941  
-02/23/96--01002--026  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time 2:00

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS                          |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Amendment                              |
| <input type="checkbox"/>            | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/>            | Change of Registered Agent             |
| <input type="checkbox"/>            | Dissolution/Withdrawal                 |
| <input type="checkbox"/>            | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION |                     |
|-----------------------------|---------------------|
| <input type="checkbox"/>    | Foreign             |
| <input type="checkbox"/>    | Limited Partnership |
| <input type="checkbox"/>    | Reinstatement       |
| <input type="checkbox"/>    | Trademark           |
| <input type="checkbox"/>    | Other               |

FILED  
95 FEB 22 PM 4:30  
RECEIVED  
95 FEB 22 PM 3:10  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION

Amendment  
2/23/96  
JL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION**

**OF**

FAMILY HEALTH CENTER, INC.

(present name)

*Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(Indicate article number(s) being amended, added or deleted)*

I-ARTICLE V THE STREET ADDRESS OF THE OFFICE  
OF THIS CORPORATION SHALL BE:  
1125 N.W. 22AVE. MIAMI, FL 33125

II-ARTICLE VI  
THE BOARD OF DIRECTORS SHALL CONSIST OF  
TOTAL OF (1) ONE PERSON, AND ADDRESS OF THE  
PERSON IS:

TONY NOVOA

PRESIDENT

1125 N.W. 22AVE.  
MIAMI, FL 33125

FILED  
95 FEB 22 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoption: FEB. 12, 1996.

**FOURTH:** Adoption of Amendment(s) (check one)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 20 day of FEBREIRO, 19 96.

Signature

Carlos A. Menendez  
(By the Chairman or Vice Chairman of the Board of Directors,  
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

CARLOS MENENDEZ

Typed or printed name

PRESIDENT

Title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

\_\_\_\_\_  
DATE