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TO: DIVISION OF CORPORATIONS FAX #: (904)922-4001  
FROM: EMPIRE CORPORATE KIT COMPANY ACCT#: 072450003255  
CONTACT: RAY STORMONT  
PHONE: (305)541-3694 FAX #: (305)541-3770  
NAME: WORKMED INTERNATIONAL, INC.  
AUDIT NUMBER.....H96000017447  
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.  
CERT. OF STATUS..0 PAGES..... 4  
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TALLAHASSEE, FLORIDA  
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ARTICLES OF INCORPORATION

OF

H96000017447

WorkMed International, Inc.

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

ARTICLE I - NAME

The name of the corporation shall be: WorkMed International, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

6073 N.W. 167th Street  
Suite C-9  
Miami, FL 33019

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 Shares @ \$1.00 par value

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHAEL H. WOLF, ESQ.  
2450 N.E. Miami Gardens Drive - 2nd Floor  
North Miami Beach, FL 33180

ARTICLE V - INCORPORATORS

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

JOHN PEREZ  
6073 N.W. 167th Street - Suite C-9  
Miami, FL 33019

THIS INSTRUMENT PREPARED BY:  
MICHAEL H. WOLF, P.A.  
2450 N.E. MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33180  
TEL: (305) 932-0550  
FLORIDA BAR #231924

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The undersigned Incorporator has executed these Articles of Incorporation this 29 day of November, 1996.

  
JOHN PEREZ, Incorporator

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

PURSUANT TO THE PROVISIONS OF SECTION 807.0501 AND 817.0501, 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.

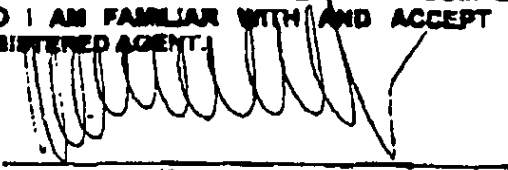
1. THE NAME OF THE CORPORATION IS: WorkMed International, Inc.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

MICHAEL H. WOLF, ESQ.  
(NAME)

2450 N.E. MIAMI GARDENS DRIVE  
(STREET ADDRESS)

NORTH MIAMI BEACH, FL 33180  
(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: November 22, 1996

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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3

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P.15/20

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