

P960000015727

Bond Accounting
Requestor's Name
133 N. S.R. 7
Address
Plantation, Fla. 33317
City/State/Zip Phone #
954-584-7550

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

200001717422
-02/16/96--01094--011
****122.50 ****122.50

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ 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 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
96 FEB 16 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001717422

CERTIFICATE OF INCORPORATION
OF
OAKLAND COMMUNITY HEALTH CENTER INC.

FILED
96 FEB 16 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned, in order to form a corporation from the purposes hereinafter stated, under and pursuant to the provisions of the General Corporation Law of the State of Florida, do hereby certify as follows:

FIRST: The name of the corporation is:

OAKLAND COMMUNITY HEALTH CENTER INC.

SECOND: The registered office of the corporation and place of business is in the State of Florida is to be located at 3623 N. Andrews Avenue, Suite A, in the City of Oakland Park, County of Broward.

The name of the registered agent at that address is Bernard Graves.

THIRD: The nature of the business, and the objects and purposes proposed to be transacted, promoted and carried on a not for profit business, and to do any and all things therein mentioned, as fully and to the same extent as natural persons might or could do, and in any part of the world, viz:

To do any lawful act or thing for which corporations may be organized under the General Corporation Law of the State of Florida.

FOURTH: The total number of shares which the corporation is authorized to issue is 1000 shares no par value.

FIFTH: The name and address of the incorporator is as follows:

<i>Name</i>	<i>Address</i>
Harriet G. Bond	133 North State Road 7 Plantation, Florida 33317

SIXTH: The powers of the incorporator are to terminate upon filing of the Certificate of Incorporation, and the name(s) and mailing address(es) of the person(s) who is (are) to serve as Director(s) until the first annual meeting of stockholders or until their successors are elected and qualify is (are) as follows:

<i>Name</i>	<i>Address</i>
Bernard Graves	3623 N. Andrews Avenue, Suite A Oakland Park, Fl 33309

SEVENTH: The Directors shall have power to make and to alter or amend the By-Laws; to fix the amount to be reserved as working capital and to authorize and cause to be executed, mortgages and liens without limit as to the amount, upon the property and franchises of this Corporation.

With the consent in writing, and pursuant to a vote of the holders of a majority of the capital stock issued and outstanding, the Directors shall have authority to dispose, in any manner, of the whole property of the Corporation.

The By-Laws shall determine whether and to what extent the accounts and books of this Corporation, or any of them, stockholder shall have any right of inspecting any account, or book, or document of this Corporation except as conferred by Law of the By-Laws, or by resolution of the stockholders.

The stockholders and directors shall have power to hold their meetings and keep the books, documents and papers of the corporation outside the State of Florida, at such places as may be from time to time designated by the By-laws or by the resolution of the stockholders or directors, except as otherwise required by the laws of the State of Florida.

It is the intention that the objects, purposes and powers specified in the third paragraph hereof shall, except where otherwise specified in said paragraph, be in nowise limited or restricted by reference to or inference from the terms of any other clause or paragraph in this Certificate of Incorporation, but that the objects, purposes and powers specified in the third paragraph and in each of the clauses or paragraphs of this charter shall be regarded as independent objects, purposes, and powers.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this
15th day of February, 1996.

Harriet G. Bond
Incorporator

Harriet G. Bond

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

PURSUANT TO THE PROVISIONS OF SECTION 017.0501, 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:

OAKLAND COMMUNITY HEALTH CENTER INC.

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

BERNARD GRAVES

3623 N. ANDREWS AVENUE

Suite A
OAKLAND PARK, Florida 33309

FILED
66 FEB 16 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Bernard R. Graves

Date

2-15-86