

Department of State Division of Corporations P.O. Box 6327

SUBJECT: KMH MEDICAL SERVICES, INC.

600001745246 -03/15/96--01102--010 ****131.25

Enclosed is an original and two (2) copies of the articles of incorporation and check for \$131.25, cost of Filing Fee, Certified Copy, and Certificate.

FROM:

Heather D. Murphy

16910 N.W 38th Avenue

Opa locka, Fl 33058-4154

(305) 623-8700 (Ext. 338)

FILED 95 KMR 22 PN 3: 06 SECRETARY OF STATE

3:20:96 TS



FLORIDA DEPARTMENT OF STATE Sandra B. Morthum Secretary of State

March 20, 1996

HEATHER D. MURPHY 16910 NW 36TH AVENUE OPA LOCKA, FL 33056-4154

SUBJECT: KMH MEDICAL SERVICES, INC.

Ref. Number: W96000006034

We have received your document for KMH MEDICAL SERVICES, INC. and check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Bylaws are not filed with this office. Please retain them for your records.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6878.

Letter Number: 696A00012806

Terri Buckley Corporate Specialist CONTRACTOR PRI STORIOS.

ARTICLES OF INCORPORATION

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:

KMH MEDICAL BERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

16910 NW 36th AVENUE MIAMI, FL 33056 FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: (10) TEN

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

HEATHER D. MURPHY 16910 NW 36th AVENUE MIAMI, FL 33056

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

- The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):
 - 1. KEITH A. MURPHY, 5360 NW 182ND STREET, MIAMI FL33055
 - 2. MARCIA MURPHY-OWEN, 1445 NW 196th STREET, MIAMI, FC 3369
 - 3. HEATHER D. MURPHY, 16910 NW 36th AVENUE, MIAMI, FL 33056
 - 4. JUDITH MURPHY-ROBERIS, 1445 NW 196th STREET, MIAMI, FL 33169

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

23RD day of MARCH , 1996

١,

(An additional article must be added if an effective date is requested.)

Signature

-17 M

- 10.....

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FL DRIDA 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:	K.MH MEDICAL SERVIC	ES, INC.
2. The name and address of the re	gistered agent and office is:	14CF
HEATHE	ER D. MURPHY	A 22 PM
16910	NW 36th AVENUE Box or Mail Drop Box NOT ACCEPTABLE)	3: 06 FLORESA
MAIM	1 FL 33056	

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 act ept 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.

HIAMUMOM 3/23/96
(SIGNATURE) (DATE)