# 7960000044758 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

1.000000001.60310361 -05/21/96--01006--015 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:	SELECT	CARE	PROVIDER,	INC.		
	(Pro	osed cor	porate name - r	nust include su	ffix)	
Enclosed is ar for:  \$70 Filing	).00 \{	nd one  \$ \$78.7  Filing Fe & Certifica	5 G	the articles of \$122.50 cling Fee erdfied Copy dittonal Cop	#131.25 Filing Fee, Certified Cop & Certificate	
	FROM:	CAR	LOS G. MI Name (printed			20 PH 6: 12
		580	S.W. 79			TATE AND THE
		MIA		3144		-
			5-265-6133 Daytime Teleph			-
***		'	DEYUMB TOBP		MAY 2 4 1996	BSB

NOTE: Please provide the original and one copy of the articles.

#### 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. State 12

ARTICLE I NAME

The name of the corporation shall be:

SELECT CARE PROVIDER, INC.

ARTICLE II PRINCIPAL OFFICE

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

580 S.W. 79 Court Miami, FL 33144

> SHARES **ARTICLE III**

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

> 1,600 shares of common stock having \$1 par value per share.

**ARTICLE IV** INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARLOS G. MIMOSO 580 S.W. 79 Court Miami, FL 33144

#### ARTICLE V INCORPORATOR(8)

See instructions for officers/directors

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

CARLOS G. MIMOSO	580 S.W. 79 Court
DIRECTOR	MIAM1, FL 33144
SONIA MIMOSO	580 S.W. 79 Court
DIRECTOR/SECRETARY/TREASURER	MIAMI, FL 33144
RAYMUNDO CHAVEZ VICE PRESIDENT	5961 N.W. 3rd St.

The un	dersigned in	corporator(s) has(l	nave) executed these Articles of Incorporation this
15	day of	MAY	, 19_96
(An add	ditional articl	e must be added if	an effective date is requested.)
		Carlo	J. Maiso Signature
	_	/	Signature
•		Dois	).( Signature
			Signature
	<del></del>		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, 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: SELECT CARE PROVIDER, INC.
2.	The name and address of the registered agent and office is:
	CARLOS G. MIMOSO (NAME)
	580 S.W. 79 Court  (P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	MIAMI, FL 33144 (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.

## P96000044758



SELECT CARE PROVIDER, INC. Home Care Services

\$58 12 MIII. 55

September 9, 1996

Division of Corporation P.O. Box 6327 Tallahassee, Fl. 32314 800001355203 -09/25/96--01044--020 \*\*\*\*\*35.00 \*\*\*\*\*35.00

To Whom It May Concern:

Care of James

Enclosed you will find the resignation letter of Mr. Raymond Chavez as Vice President of Select Care Provider, Inc. Also, you will find the check No. 367 in the amount of \$35.00 as advised.

Sincerely yours,

Carlos G. Mimoso

President

RECEIVED
95 SEP 12 AT 7:39
EIVISION OF CORPORATIONS

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96 SEP 12 AMILIST

July 5, 1996

Mr. Carlos Mimoso President Select Care Provider, Inc. 580 S.W. 79 Court Miami, FL 33144

Dear Mr. Mimoso:

! request by this letter, that you accept my resignation as Vice President of Select Care Provider, Incorporated. This includes my 50% of the shares and any options I might be entitled to.

Thank you in advance for your cooperation in this matter.

Sincerely yours,

Rancello Ca Raymond Chavez 5961 N.W. 3rd Street

Miami, FL 33126

Social Security: 433-06-3674