

P96000047588

S Cicirelli  
9250 NW 42 Ct.  
C.S Fl. 33065

City/State/Zip

Phone #

800001844858  
-05/30/96--01096--011  
\*\*\*122.50 \*\*\*122.50

Office Use Only

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

1. Hemlock Tree  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

**FILED**  
56 MAY 30 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☐ 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

ARTICLES OF INCORPORATION

of  
Healthcare, Inc.  
(name of corporation)

**FILED**

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

96 MAY 30 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - CORPORATE NAME**

The name of the corporation is:

Healthcare, Inc.

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue Five Hundres shares ( 500 ) of twenty cents Dollar(s) (\$ 0.20 ) par value Common Stock, which shall be designated "Common Shares."

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The name and street address of the Initial Registered Agent of this Corporation is: and principal office is:

NAME	Susie Ciciarelli
ADDRESS	9250 NW 42nd Court
CITY	Coral Springs
FLORIDA	ZIP 33065

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have TWO ( 2 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Robert Crawford
ADDRESS	7120 Glen eagle drive
CITY	Miami Lakes
STATE	FL
ZIP	33014
NAME	Susie Ciciarelli
ADDRESS	9250 NW 42nd Court
CITY	Coral Springs
STATE	FL
ZIP	33065
NAME	
ADDRESS	
CITY	
STATE	
ZIP	

# ARTICLE VII - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

NAME	Susie Ciciarelli		
ADDRESS	9250 NW 42nd Court		
CITY	Coral Springs	STATE	Florida ZIP 33065
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this \_\_\_\_\_ day of May 23, 1996.

Susie Ciciarelli (Seal)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Seal)

STATE OF FLORIDA )  
COUNTY OF Broward ) SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

Susie Ciciarelli

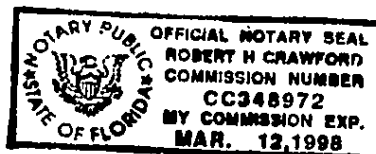
known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that she executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this \_\_\_\_\_ day of May 23, 1996.

(Notary Seal)

Robert H. Crawford  
(Notary Public, State of Florida at Large)

My Commission expires:



CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

FILED

96 MAY 30 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Healthcare, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 9250 NW 42nd Court

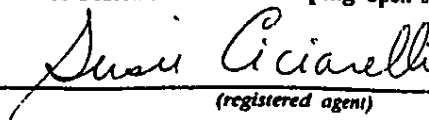
Coral Springs, Florida 33065

has named Susie Ciciarelli

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation at  
the place designated in this certificate, I hereby accept to act in this capacity, and agree  
to comply with the provisions of Florida Law in keeping open said office.

  
(registered agent)