

P96000049640

TRANSMITTAL LETTER

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

4000001861034  
-06/19/96--01023--015  
\*\*\*122.50 \*\*\*122.50

SUBJECT: ACTIVE MED-CARE, INC.  
(Proposed corporate name-must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

<u>    \$ 70.00    </u>	<u>    \$ 78.75    </u>	<u>    \$ 122.50    </u>	<u>    \$ 131.25    </u>
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

FROM: BECKY ACOSTA  
Name (printed or typed)  
7155 N. AUGUSTA DR.  
address  
MIAMI, FLORIDA 33015  
City, State & Zip  
(305) 829-3899  
Daytime Telephone number

~~685,671~~  
~~496 11743~~  
FILED  
96 JUN 10 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dmc  
6/4/96

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



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

**June 4, 1996**

**BECKY ACOSTA**  
**7155 N AUGUSTA DRIVE**  
**MIAMI, FL 33015**

**SUBJECT: ACTIVE MED-CARE, INC.**  
**Ref. Number: W96000011743**

**We have received your document for ACTIVE MED-CARE, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$122.50.**

**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) 487-6923.**

**Doris McDuffie**  
**Corporate Specialist Supervisor**

**Letter Number: 896A00027824**

**MAY 8, 1996**

**FROM: BECKY ACOSTA**

**SUBJECT: ACTIVE MED-CARE, INC.**

**TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATION**

**I ILEANA M. TUDELA REGISTERED AGENT OF ACTIVE MED-CARE, INC. AUTHORIZE BECKY ACOSTA TO FILL OUT AND SUBMITT THE REQUIRED FORM TO THE DEPARTMENT OF STATE REQUESTING ARTICLES FOR ACTIVE MED-CARE, INC.. I ALSO ACCEPT ALL THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT OF ACTIVE MED-CARE, INC.**

**SINGERELY YOURS,**

  
**ILEANA M. TUDELA**

## **ARTICLE OF INCORPORATION**

**ACTIVE MED-CARE, INC.**

**FILED**  
96 JUN 10 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 1 NAME**

The name of the corporation shall be:

**ACTIVE MED-CARE, INC.**

### **ARTICLE 11 PRINCIPAL OFFICE**

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

**1505 S.W. 82 PLACE  
MIAMI, FLORIDA 33144**

### **ARTICLE 111 SHARES**

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

**ONE HUNDRED SHARES (100) WITH (\$ 5.00) DOLLARS PER VALUE PER SHARES.**

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

The name and address of the initial registered agent is:

**ILEANA M. TUDELA  
1505 S.W. 82 PLACE  
MIAMI, FLORIDA 33144**

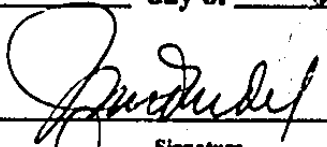
## **ARTICLE V INCORPORATOR(S)**

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

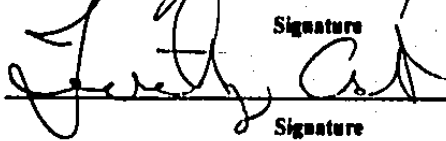
**ILEANA M. TUDELA (PRESIDENT)**  
**1505 S.W. 82 PLACE**  
**MIAMI, FLORIDA 33144**

**TIMOTHY ACOSTA (VICE PRESIDENT, TREASURE, SECRETARY)**  
**7155 N. AUGUSTA DR.**  
**MIAMI, FLORIDA 33015**

The undersigned incorporator(s) has (have) executed these Article of Incorporation this 1 day of JUNE, 1996.

  
\_\_\_\_\_  
**(PRESIDENT)**

Signature

  
\_\_\_\_\_  
**(VICE PRESIDENT**  
**TREASURE, SECRETARY)**

Signature

\_\_\_\_\_  
Signature

**FILED**  
96 JUN 10 AM 11:15  
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: ACTIVE MED-CARE, INC.

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

ILEANA M. TUDELA

Name

1505 S.W. 82 PLACE

(P.O. Box not acceptable)

MIAMI, FLORIDA 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 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 obligation of my position as registered agent.

  
(Signature)

5/9/96  
(Date)

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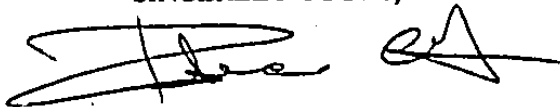
REBECCA ACOSTA  
7155 N. AUGUSTA DR.  
MIAMI, FLORIDA 33015

DIVISION OF CORPORATION, INC.  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

000001959240  
-09/27/96--01072--006  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

SEE ATTACHED THE ARTICLES OF DISSOLUTION. THE CORPORATION'S  
SHARES HAVE NOT BEEN ISSUED, AND BUSSINES EITHER. PLEASE  
PROCEED ARTICLES OF DISSOLUTION. ANY FURTHER QUESTION,  
PLEASE FEEL FREE TO CALL AT (305) 829-3899 REBECCA ACOSTA.  
THANK YOU.

SINCERELY YOURS,



REBECCA ACOSTA

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96 SEP 27 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/30

## ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Active Med-Care, Inc.

SECOND: The articles of incorporation were filed on: June 10, 1996

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 29 day of August, 19 96

Signature

Timothy Acosta

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Timothy Acosta

(Typed or printed name)

Vice President, Treasurer, Secretary

(Title)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 SEP 27 PM 2:39

FILED