

996000061256

TRANSMITTAL

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

FILED  
JUL 23 AM 9:21

800001867908  
-06/19/96--01134--013  
\*\*\*\*\*56.25 \*\*\*\*\*56.25

SUBJECT: ALL IN TWO, INC.  
(Proposed corporate name - must include suffix)

800001867908  
-06/19/96--01134--020  
\*\*\*\*\*56.25 \*\*\*\*\*56.25

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

☐ \$70.00    ☐ \$78.75    ☐ \$122.50    ☒ \$131.25

FROM: ROBERT PETROCELLI  
Name (printed or typed)

2500 E HALLANDALE BCH BLVD, SUITE Y  
Address

HALLANDALE, FL. 33009  
City, State & Zip

(954) 456-5992  
Daytime Telephone number

502

4/21/96

TB

W96-13214

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

1. MENU, 3. OFFICERS, 4. EVENTS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

6/31/96

CORPORATE DETAIL RECORD SCREEN

8:45 AM

NUM: F94000003902 ST:DE INACTIVE/FOREIGN PROF FLD: 07/26/1994  
LAST: REVOKED FOR ANNUAL REPORT FLD: 08/25/1995

FEID: APPLIED FOR

NAME : ALL IN 2 INC.

PRINCIPAL: 1201 N. SWINTON

ADDRESS DELRAY, FL 33444-2926

RA NAME : CHAPMAN, DONNA L

RA ADDR : 1201 N. SWINTON

DELRAY, FL 33444-2926 US

ANN REF : \* NONE FILED \*



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State

June 21, 1996

ROBERT PETROCELLI  
2500 E. HALLANDALE BEACH BLVD.  
STE 7  
HALLANDALE, FL 33009

SUBJECT: ALL IN TWO, INC.  
Ref. Number: W96000013214

We have received your document for ALL IN TWO, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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.

Terri Buckley  
Corporate Specialist

Letter Number: 996A0003C877

# ARTICLES OF INCORPORATION

OF

HEALTH CARE BUSINESS NETWORK, INC.

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.

FILED  
JUL 23 AM 9:21  
2003

## ARTICLE I NAME

The name of the corporation shall be:

HEALTH CARE BUSINESS NETWORK, INC.

## ARTICLE II PRINCIPAL OFFICE

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

2500 E. HALLANDALE BCH. BLVD., SUITE Y  
HALLANDALE, FL. 33009

## ARTICLE III SHARES

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

100 SHARES - COMMON STOCK

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERT PETROCELLI  
2500 E. HALLANDALE BCH BLVD, SUITE Y  
HALLANDALE, FL. 33009

ARTICLE V INCORPORATOR(S)

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

ROBERT PETROCELLI  
2500 E. HALLANDALE BCH BLVD, SUITE Y  
HALLANDALE, FL 33009

VERY GRAS  
2500 E HALLANDALE BCH BLVD, SUITE W  
HALLANDALE, FL 33009

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

20 day of MAY, 19 96.

Robert Petrocelli  
Signature  
Very Gras  
Signature  
\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**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.

HEALTH CARE BUSINESS

1. The name of the corporation is: \_\_\_\_\_

NETWORK, INC.

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

ROBERT PETROCELLI

(Name)

2500 E. HALLANDALE BCH. BLVD. SUITE Y

(P.O. Box not acceptable)

HALLANDALE, FL 33009

(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.

Robert Petrocelli  
(Signature)

5-20-96