

996000071280

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
P. O. BOX 6327  
TALLAHASSEE, FL 32314

900001932069  
-08/27/96--01009--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT: Mobile Community Health Services, Inc.**

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

\$70.00	<b>X</b>	\$78.75
Filing Fee		Filing Fee & Certificate

AL AUG 27 1996

FILED  
96 AUG 2 AM 7:59  
TALLAHASSEE, FLORIDA

From: Blanca Rodriguez  
3715 A NW 7 Street  
Suite No. 570  
Miami, Florida 33126

## ARTICLE OF INCORPORATION

FILED  
96 AUG 26 AM 7:59  
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 I - NAME

The name of the corporation shall be: **Mobile Community Health Services, Inc.**

### ARTICLE II - PRINCIPAL OFFICE

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

3715 A NW 7 Street  
Suite No. 570  
Miami, Florida 33126

### ARTICLE III - SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is:  
10,000 Shares

### ARTICLE IV - INITIAL REGISTER AGENT AND STREET ADDRESS

The name and address of the initial register agent is:

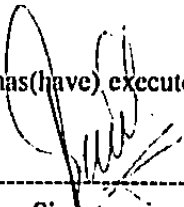
Blanca Rodriguez  
3715 A NW 7 Street  
Suite No. 570  
Miami, Florida 33126

### ARTICLE V - INCORPORATOR(S)

Mario Quintana	President	3715 A NW 7 Street Suite No. 570 Miami, Florida 33126
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Blanca Rodriguez	Secretary	3715 A NW 7 Street Suite No. 570 Miami, Florida 33126
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The undersigned incorporator(s) has(have) executed this Articles of Incorporation this 26th day of August 1996.

  
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Signature

  
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Signature

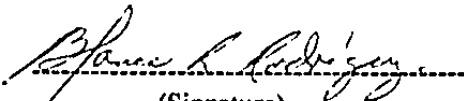
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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: **Mobile Community Health Services, Inc.**
  
2. The name and address of the registered agent and office is:

Blanca Rodriguez  
3715 A NW 7 Street  
Suite No. 570  
Miami, Florida 33126

*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.*

  
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(Signature)

*08-20-96*  
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(Date)

**DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314**