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TRANSMITTAL LETTER FILED

96 OCT 28 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

RECEIVED
10/29/96 10:43:01
*****70.00 *****70.00

SUBJECT: A&B Healthcare Center, Inc.
(Proposed corporate name- must include suffix)

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

(x) \$70.00 () \$78.75 () \$122.50 () \$131.25

FROM: Jamilet M. Ayers
Name (printed or typed)
4159 E. 4th. Avenue
Address
Hialeah, Florida 33013
City, State & Zip
(305) 688-2338
Daytime Telephone Number

PK
10/29/96

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

ARTICLE I NAME

The name of the corporation shall be:

A&B Healthcare Center, Inc.

ARTICLE II PRINCIPLE OFFICE

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

4159 E. 4TH. Avenue Hialeah, Florida 33013

ARTICLE III SHARES

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

10,000 SHARES IRC SECT. 1244 SMALL BUSINESS STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jamilet M. Ayers
4159 E. 4th. Avenue
Hialeah, Florida 33013

ARTICLE V INCORPORATOR(S)

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

Jamilet M. Ayers
4159 E. 4th Avenue
Hialeah, Florida 33013

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

23rd day of October, 1996.



Signature

---- oOo ----

Signature

---- oOo ----

Signature

Articles of Incorporation
Filing Fee- \$35

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

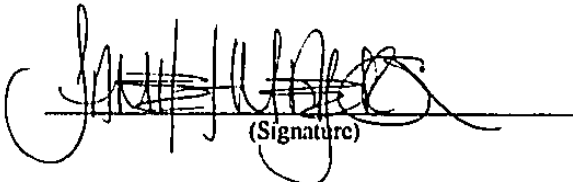
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

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: A&B Healthcare Center, Inc.

2. The name and address of the registered agent and office is:
JAMILET M. AYERS
4159 E. 4TH. AVENUE
(P.O. Box not acceptable)
HIALEAH, FLORIDA 33013
(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.


(Signature)

10/23/00

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