

D96000092781
TRANSMITTAL LETTER

SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -7 AM 11:23

Department of State
Division of Corporations
P. O. Box 6321
Tallahassee, FL 32314

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-11/08/96--01012--017
****131.25 ****122.50
131.25

SUBJECT: HEALTHCARE DYNAMICS, INC.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Michael L. Rodriguez
Name (Printed or typed)

12612 Marsh Creek Dr.
Address

Ponte Vedra Beach, FL 32082
City, State & Zip

904-273-2585
Daytime Telephone number

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

D. BROWN NOV 13 1996

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE:I NAME

The name of the corporation shall be: HEALTHCARE DYNAMICS, INC.

ARTICLE:II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 12612 Marsh Creek Drive, Ponte Vedra Beach, St. John's County, Florida 32082.

ARTICLE:III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE THOUSAND (1000).

ARTICLE:IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Michael L. Rodriguez 12612 Marsh Creek Drive, Ponte Vedra Beach, St. John's County, Florida 32082.

ARTICLE:V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Michael L. Rodriguez - President, 12612 Marsh Creek Drive, Ponte Vedra Beach, St. John's County, Florida 32082.

The undersigned incorporator has executed these Articles of Incorporation this
1st day of NOVEMBER, 1996.


Signature

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

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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: Healthcare Dynamics, Inc.

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

Michael L. Rodriguez
(NAME)

12612 Marsh Creek Dr.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Ponte Vedra Beach, FL 32082
(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.

Michael L. Rodriguez
(SIGNATURE)

11/1/96
(DATE)

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