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FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS FAX #: (904)922-4001  
FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335  
CONTACT: LIDIA FERNANDEZ  
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: BLUE CARE MEDICAL CENTER, INC.  
AUDIT NUMBER.....H96000016202  
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.  
CERT. OF STATUS..1 PAGES..... 4  
CERT. COPIES.....0 DEL.METHOD.. FAX  
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ANA D ARES

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PAGE 02

H96000016282

ARTICLES OF INCORPORATION  
OF  
BLUE CARE MEDICAL CENTER, INC.

FILED  
NOV 19 1996  
STATE OF FLORIDA  
TALLAHASSEE

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:  
BLUE CARE MEDICAL CENTER, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

Prepared by: Ana Dalmau Ares C.P.A., P.A.

4080 S.W. 84th Ave., Ste. C Miami, Fl 33155  
(305) 448-2072

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H96000016282

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:  
To have perpetual succession by its corporate  
name; BLUE CARE MEDICAL CENTER INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

JANE ANGELA CORNELI  
18520 NW 67th Ave, Suite 323  
Miami, FL 33015

The principal office shall be:

18520 N.W. 67TH AVE. NO. 323  
MIAMI, FL. 33015

H96000016282

11/19/96 10:16  
11/18/1996 12:41 229-8252

ANA D ARES

NO. 019 004  
PAGE 04

H96000016282

ARTICLE VI

The initial Board of Directors shall consist of a total of TWO (01) persons, and the name and address of the person who is to serve as an initial director is:


JANE ANGELA CORNELI  
850 W. 74 ST.  
HIALEAH, FL. 33015

PRESIDENT

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

JANE ANGELA CORNELI  
850 W 74 ST  
HIALEAH, FL. 33014

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 18th day of NOVEMBER, 1996.

  
JANE ANGELA CORNELI

H96000016282

11/19/96 10:16  
11/18/1996 12:41 229-8252

ANA D ARES

NO.019 005  
PAGE 05

H96000016282

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

Pursuant to the provision of sections 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:

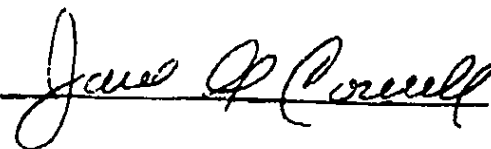
BLUE CARE MEDICAL CENTER, INC.

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

JANE ANGELA CORNELI  
18520 NW 67TH AVE SUITE 323  
MIAMI, FL. 33015

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



NOVEMBER 18, 1996

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