# 0000/6/92

ACCOUNT NO. : 072100000032

REFERENCE : 266002

AUTHORIZATION :

COST LIMIT : \$-122.50#131

ORDER DATE: February 19, 1997

ORDER TIME : 3:55 PM

400002092574--5

ORDER NO. : 266002-005

CUSTOMER NO:

4303929

CUSTOMER: Ms. Sheryl C. Vainstein

GREENBERG TRAURIG HOFFMAN LIPOFF ROSEN & QUENTEL, P. A.

22nd Floor

1221 Brickell Avenue Miami, FL 33131-3238

#### DOMESTIC FILING

NAME:

PHP LIFE & HEALTH INSURANCE

COMPANY

#### EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake

EXAMINER'S INITIALS

# **ARTICLES OF INCORPORATION**

97 FEB 19 AM 10: 08

OF

PHP LIFE & HEALTH INSURANCE COMPANY SECRETARY OF STATE TALLAHASSEE. FLORIDA

### **ARTICLE I**

The name of the corporation is PHP LIFE & HEALTH INSURANCE COMPANY (the "Corporation").

# **ARTICLE II**

The purpose of the Corporation is to engage in every aspect of health insurance.

#### **ARTICLE JII**

The Corporation shall exist perpetually.

#### **ARTICLE IV**

The address of the principal office and the mailing address of the Corporation is 2333 Ponce de Leon Boulevard, Suite 303, Coral Gables, Florida 33134.

#### **ARTICLE V**

The capital stock authorized, the par value thereof, and the characteristics of such stock shall be as follows:

Number of Shares Par Value <u>Authorized</u>	Par Value <u>Per Share</u>	Class of Stock
1,000	\$1.00	Common

The Corporation shall not begin transacting insurance business until it has capital and surplus of \$2.5 million.

#### **ARTICLE VI**

The Corporation shall hold a special meeting of shareholders only:

- (1) On call of the Board of Directors or persons authorized to do so by the Corporation's Bylaws; or
- (2) If the holders of not less than 50 percent of the persons entitled to vote on any issue proposed to be considered at the proposed special meeting sign, date, and deliver to the Corporation's secretary one or more written demands for the meeting describing the purpose or purposes for which it is to be held.

#### **ARTICLE VII**

The street address of the Corporation's initial registered office is 1201 Hays Street, City of Tallahassee, County of Leon, State of Florida 32301, and the name of its initial registered agent at such office is Corporation Service Cormpany, who upon accepting this designation agrees to comply with the provisions of Section 48.091, Florida Statutes, as amended, with respect to keeping an office open to receive service of process from the Treasurer and Insurance Commissioner of the State of Florida.

#### **ARTICLE VIII**

The Board of Directors of the Corporation shall consist of at least five directors, with the exact number to be fixed from time to time in the manner provided in the Corporation's Bylaws. The number of directors constituting the initial Board of Directors is five, and the names and addresses of the members of the initial Board of Directors, who will serve as the Corporation's directors until successors are duly elected and qualified is:

Miguel ("Michael") B. Fernandez 2333 Ponce de Leon Boulevard, Suite 303 Coral Gables, Florida 33134

Cesar L. Alvarez 2333 Ponce de Leon Boulevard, Suite 303 Coral Gables, Florida 33134

James B. Hoover 2333 Ponce de Leon Boulevard, Suite 303 Coral Gables, Florida 33134

Roger Medel, M.D. 2333 Ponce de Leon Boulevard, Suite 303 Coral Gables, Florida 33134 Richard H. Stowe 2333 Ponce de Leon Boulevard, Suite 303 Coral Gables, Florida 33134

## **ARTICLE IX**

The names and addresses of the incorporators are as follows:

Miguel ("Michael") B. Fernandez 2333 Ponce de Leon Boulevard, Suite 303 Coral Gables, Florida 33134

Cesar L. Alvarez 2333 Ponce de Leon Boulevard, Suite 303 Coral Gables, Florida 33134

James B. Hoover 2333 Ponce de Leon Boulevard, Suite 303 Coral Gables, Florida 33134

Roger Medel, M.D. 2333 Ponce de Leon Boulevard, Suite 303 Coral Gables, Florida 33134

Richard H. Stowe 2333 Ponce de Leon Boulevard, Suite 303 Coral Gables, Florida 33134

#### **ARTICLE X**

This Corporation shall indemnify and shall advance expenses on behalf of its officers and directors to the fullest extent not prohibited by law in existence either now or hereafter.

IN WITNESS WHEREOF, the undersigned, being the Incorporators named above, for the purpose of forming a corporation pursuant to the Florida Business Corporation Act of the State of Florida has signed these Articles of Incorporation this 197 day of Labruary, 1997.

Mignet ("Michael") B. Fernandez

Cesar L. Alvarez

James B. Hoover

Roger Medel, M.D.

Richard H. Stowe

#### **ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

The undersigned, having been named the Registered Agent of PHP LIFE & HEALTH INSURANCE COMPANY accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Florida Statutes, as amended, Sections 607.0505 and 48.091 with respect to keeping an office open to receive service of process from the Treasurer and Insurance Commission of the State of Florida.

The foregoing instrument was ac Fubruary, 1997, by Miguel B. Fernandez is personally known to me	knowledged before me this $\frac{1}{2}$ day of , who:
☐ has produced	as identification
and who did take an oath.	Notary Public, State of Florida
Name of notary typed, printed or stamped: Serial Number, if any: My commission expires:	COMMISSION HUMBER C C274451 MY COMMISSION EXP. APR. 5,1997
The foregoing instrument was accepted with the control of the cont	knowledged before me this 18 <sup>th</sup> day of no:
is personally known to me	
☐ has produced	as identification
and who did take an oath.	Shery Cohen Notary Public, State of Florida
Name of notary typed, printed or stamped: Serial Number, if any: My commission expires:	OFFICIAL NOTARY SEAL SHERYL COHEN NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC490077 MY COMMISSION EXP. AUG. 20/1999
The foregoing instrument was ac FIBRUARY, 1997, by James B. Hoover,	cknowledged before me this $\frac{\sqrt{3^{\frac{75}{4}}}}{\sqrt{3^{\frac{1}{4}}}}$ day of who:
is personally known to me	
has produced	as identification
and who did take an oath.	Vorothy R Roberts Notary Public, State of Florida. New 40 KK
	COUNTY OF NEWYORK
Name of notary typed, printed or stamped: Serial Number, if any: My commission expires:	DOROTHY R. ROBERTS Notary Public, State of New York No. 31-4996245 Qualified in New York County Commission Expires May 11, 1998

The foregoing instrument was ack february, 1997, by Roger Medel, M.D., v	knowledged before me this $\frac{7}{2}$ day of who:	
is personally known to me		
☐ has produced	as identification	
and who did take an oath.		
	Mary ann Gueiro Notary Public, State of Florida	
Name of notary typed, printed or stamped: Serial Number, if any: My commission expires:	MARY ANN ANEIRO COMMISSION & CC 423411 EXPIRES JAN 2, 1999 BONDED THRU ATLANTIC BONDING CO., INC.	
The foregoing instrument was acknowledged before me this 13 to day of 1997, by Richard H. Stowe, who:		
is personally known to me		
has produced	as identification	
and who did take an oath.	Notary Public, State of Florida NEW YORK COUNTY OF NEW YORK	
	COLLNEY OF NEW YORK	
Name of notary typed, printed or stamped: Serial Number, if any: My commission expires:	DOROTHY R. ROBERTS Notary Public, State of New York No. 31-4996245 Qualified in New York County Commission Expires May 11, 1998	