16 BOUNDO214190B--8 -04/14/97--01044--015 ****122.50 ****122.50 MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone # LOCAL REPRESENTATIVE TALLAHASSEE Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) SSEE FLO Walk in ☐ Will wait Mail out Photocopy Certificate of States NEW FILINGS AMENDMENTS TO THE Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

CR2E031(1/95)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE UNISION OF COMPORATION

April 14, 1997

LAZARUS

MIAMI, FL

SUBJECT: NATIONAL HEALTH CONSULTANTS INC.

Ref. Number: W97000008568

We have received your document for NATIONAL HEALTH CONSULTANTS INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 397A00018604

ARTICLES OF INCORPORATION

97 APR 15 PH 3: 09
SECRETARY OF STAR

The undersigned incorporator(s), for the purpose of forming a corporation ander the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: VISION HEALTH CARE CONSULTANTS INC.

ARTICLE II PRINCIPAL OFFICE

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

7925 NW 125+ St. 100 Minni, FC 33166

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Francisco J. Francès 560 E 7th Ave Hutlenk, FL 33010

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorpora-

Jose c. Otero 8240 JW 37 5T FRANCISCO J. FRANCE'S 560 € 7+7 AJE

MIAMI , FT 33155

HiAleah , FL 33010

ARTICLE VI DIRECTOR(S)

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

Jose C. Otero:

FRANCISCO J. FRANCE'S

8240 SW 3713

560 E 7th Ave

Minni, FL 33155

Hialenh, FL 33060

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

// day of Apri

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions 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: VISION HEALTH CARE CONSULTANTS INC.
2.	The name and address of the registered agent and office is:
	FRANCISEO J. FRANCES (NAME)
	(NAME)
	(P.O. BOX NOT ACCEPTABLE)
	(P.O. BOX NOT ACCEPTABLE)
	Hisland PL 33010
	(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.

97 APR 15 PH 3: 06
SECRETARY OF STATE
HAASSEE FLORIDA