

P9700041507

LAMAR S. COOPER INDUSTRIAL INC.  
 Requestor's Name  
 87 S.W. 87 AVENUE, SUITE: 100  
 Address  
 MIAMI, FLORIDA 33174 (305)552-5973  
 City/State/Zip Phone #

600002172936--7  
 -05/09/97--01068--030  
 \*\*\*\*122.50 \*\*\*\*122.50

LOCAL REPRESENTATIVE TALLAHASSEE Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. SPECIAL HEALTH CARE, CORP.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

RECEIVED  
 97 MAY -9 PM 1:38  
 TALLAHASSEE FLORIDA

- Walk in   
  Pick up time 2:00   
  Certified Copy  
 Mail out   
  Will wait   
  Photocopy   
  Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 TALLAHASSEE FLORIDA  
 DIVISION OF CORPORATION  
 97 MAY -9 AM 10:48

Examiner's Initials \_\_\_\_\_

## 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:

SPECIAL HEALTH CARE; CORP.

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CLERK OF COUNTY OF DADE  
CORPORATION DIVISION

### ARTICLE II PRINCIPAL OFFICE

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

PALMETTO PARK  
7821 CORAL WAY; SUITE 117;  
MIAMI, FLORIDA; 33155

### 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: Dr. Luis Richardson

PALMETTO PARK  
7821 CORAL WAY; SUITE 117;  
MIAMI, FLORIDA; 33155

**ARTICLE V INCORPORATOR(S)**

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

Dr Luis Richardson  
905 NW 132 AV. WEST; MIAMI, FL, 33182

**ARTICLE VI DIRECTOR(S)**

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

Dr Luis Richardson  
905 NW 132 AV. WEST; MIAMI, FL, 33182

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 8 day of MAY, 1997.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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: SPECIAL HEALTH CARE; corp.
  
2. The name and address of the registered agent and office is: Dr. Luis Richardson  
SPECIAL HEALTH CARE; corp.  
(NAME)  
PALMETTO PARK  
7821 CORAL WAY; SUITE 17; 33155 MIAMI, FL.  
(P.O. BOX NOT ACCEPTABLE)  
MIAMI; FLORIDA 33155  
(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 L. Richardson

DATE 5/8/97

REGISTERED AGENT FILING FEE: \$35.00

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FBI