

Original

TRANSMITTAL LETTER

P97000049829

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: ~~See attached~~ INNOVATIVE Medical Care, INC
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$ 122.50.

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-05/04/97--01073--006
****122.50 ****122.50

FROM:

Sue Llyw Godino
Name (printed or typed)

440 NW 113th AVE
Address

Coral Springs, FL 33071
City, State, & Zip

(954) 755-0401
Telephone Number

97 JUN -6 PM 2:57
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Handwritten initials and date: 6/15/97

ARTICLES OF INCORPORATION

OF

INNOVATIVE MEDICAL CARE, INC.

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:

INNOVATIVE MEDICAL CARE, INC

ARTICLE II PRINCIPAL OFFICE

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

5811B N. Andrews Way
FT. LAUDER DALE, FL
33309

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHELLYNS GODINO
440 NW 113RD AVE
CORAL SPRINGS, FL
33071

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

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

*Sue Lynn Godino
440 NW 113rd Ave
Coral Springs, FL
33071*

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

28 day of May, 1997.

Sue Lynn Godino
Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

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

*Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the under-
signed 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: INNOVATIVE MEDICAL CARE, INC

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

SULLYN GODINO
(Name)

440 NW 113th AVE
(P.O. Box NOT acceptable)

Coral Springs, FL 33071
(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

Sullyn Godino

DATE

5/28/97

REGISTERED AGENT FILING FEE: \$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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