6/26/97

# BLECTRONIC FILING COVER SHEET

(((H97000010569 6)))

TO: DIVISION OF CORPORATIONS

PAX #: (904) 922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305) 541-3770

NAME: FLORIDA HEALTH INSTITUTE, INC.

AUDIT NUMBER..... H97000010569

DOC TYPE..... PLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...O

PAGES.....

CERT. COPIES.....1

DEL.METHOD.. FAX

BST. CHARGE.. \$122.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

ENTER SELECTION AND <CR>: Help F1 Option Menu F2

NUM Connect: 00:30:19

ne 6/24/97

### H9 7000010569 ARTICLES OF INCORPORATION OF FLORIDA HEALTH INSTITUTE, INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do hereby adopt the following articles of incorporation:

### ARTICLE ONE NAME

The name of the corporation is FLORIDA HEALTH INSTITUTE, INC.

ARTICLE TWO **CORPORATE DURATION** 

The duration of the corporation is to be perpetual.

#### ARTICLE THREE PURPOSE

The corporation may engage in any activity or business permitted under the laws of the State of Florida

### ARTICLE FOUR CAPITALIZATION

The appreciate number of shares which the corporation is authorized to issue is 7,500 shares. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

### ARTICLE FIVE PRINCIPAL OFFICE

The principal place of business and mailing address is 5800 Granada Boulevard, Coral Gables, Florida 33146.

These Articles prepared by: Jose R. Pujols, Esq. (FBN: 936911) 2701 S.W. LeJeune Road, Suite 401 Coral Gables, Florida 33134 (305) 569-9533

H97000010569

### H 9 700 00 1 0 5 6 9 ARTICLE SIX REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation is 2701 S.W. Lejeune Road, Suite 401, Coral Gables, Florida 33134, and the name of its initial registered agent at such address, is Jose R. Pujols, Rsq.

### ARTICLE SEVEN DIRECTORS

The number of directors constituting the initial board of directors of the corporation shall be one (1) director.

### ARTICLE EIGHT INCORPORATORS

The name and address of each incorporator is:

Name. Jose R. Pujols, Esq. Address
2701 S.W. Lejeune Road, Suite 401
Coral Gables, Florida 33134

### ARTICLE NINE INDEMNIFICATION

This corporation shall indennify and may insure its officers and directors to the fullest extent permitted by law.

ARTICLE TEN
AMENDMENTS

These articles of incorporation may be amended in the manner authorized by law at the time of amendment.

IN WITNESS WHEREOF, the undersigned, being the incorporator of this corporation, make and file these articles of incorporation this 26th day of June, 1997/

Jose R. Pujols, Esq.

H9 7000010569

## H9 70000 10 5 6 9 CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 607.0501, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

THAT FLORIDA HEALTH INSTITUTE, INC., DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT:

### 5800 GRANADA BOULEVARD CORAL GABLES, FLORIDA 33146

HAS NAMED JOSE R. PUJOLS, ESQ., LOCATED AT 2701 S.W. LEJEUNE ROAD, SUITE 401, CORAL GABLES, FLORIDA 33134, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

Jose R. Pujols, Esq.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

Jose R. Pujols, Esq.

FILED

97 JUN 26 PH 1: 2

SECRETARY OF STATE
TALLAHASSEF FLORID.

H9 7000010569