P97800081614

TRANSMITTAL LETTER

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

400002296534--3 -09/18/97--01018--016 *****70.00 *****70.00

SUBJECT:Total H	ealth Care Co	onsulting, Inc.	•	
(1	roposed corporate r	name - must include su	ffix)	
			400 0	MATTER THAT WOOD
Enclosed is an origina	al and one (1) co	ppy of the articles o	of incorporation a	9/18/97- 1018-14 and a check
for: X \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM		Pernandez Mgmt (printed or typed)	Svcs, Inc.	
	6915	Red Road Suite	≘ 204	ום
Coral Gables, FI, 33143 City, State & Zip			SECRETA VISION OF 97 SEP 1	
	 Daytin	(305) 662-199 ne Telephone number	6	RY OF STATE CORPORATE

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

9-19-97 W5

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:

Total Health Care Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7125 SW 111 Court Miami, FL 33173

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Yury Aguilar 7125 SW 111 Court Miami, FL 33173

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Yury Aguilar 7125 SW 111 Court Miami, FL 33173

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

15 to day of SEPTEMBER, 19 97

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	Total Health Care Consulting,	Inc.
2	The name and address of the registe	red agent and office is	DIVISIO 97:
		Yury Aguilar	\$ 器。
		(NAME)	18 85
		25 SW 111 Court or Mail Drop Box <u>NOT</u> ACCEPTABLE)	PH 4: 17
	4	fiami, FL 33173 (CHY/STATE/ZIP)	क र

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.

x 4 3 (SIGNATURE) 99/15/97 (DATE)