11/10/97

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

2:50 PM

\$3 (H97000018674 6)))

DIVISION OF CORPORATIONS TOE

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

FAX #: (305)716-0346

PHONE: (305)599-0839

NAME: RELIANT HEALTH CARE SERVICES, INC.

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

CERT. OF STATUS...1

PAGES..... DEL. METHOD. . FAX

CERT, COPIES,....0

EST. CHARGE.. \$78.75

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. **

B. McKnigh: NOV 1 2 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 10, 1997

FAS-T CORP AGENTS INC

SUBJECT: RELIANT HEALTH CARE SERVICES, INC.

REF: W97000025490

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 487-6931.

Becky McKnight Document Specialist FAX Aud. #: H97000018674 Letter Number: 197A00054240

7 NOV 12 AN II: 2

ARTICLES OF INCORPORATION

OF

RELIANT HEALTH CARE SERVICES, 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: RELIANT HEALTH CARE SERVICES, INC.

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

1849 N.W 126th Avenue Pembroke Piacs, FL 33028

ARTICLE II NATURE OF THE BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States The state of Florida, or any other State, County, Territory or Nation

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

1,000 shares of Common Stock, each having \$1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name (s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

ADDRESS POSITION NAME President

1849 N.W. 126th Ave Pembroke Pines, F1 33028 Douglas J. Gum 1849 N.W. 126th Ave Pembroke Pines, FI 33028 Mikyoung Gatt Secretary

Preparedd by: Yacira Romoro Orlando de Armas, CPA 2906 Douglas Rd Coral Gables, Fl 33134 (305) 441-8899

ARTICLE VLINCORPORATOR(S)

The name(s) and strest address(es) of the incorporator(s) to these articles of incorporation is (are):

Douglas J. Gum Mikyoung Gum 1849 N.W. 126th Ave Pembroke Pines, Fi 33028 1849 N.W. 126th Ave Pembroke Pines, Fl 33028

IN WITNESS WHEREOF, the undersigned incorporator(s) has have executed these Articles of Incorporation this 11th day September 1997.

Signature(s) of Incorporator(s)

President

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Section 607.050 l, 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.

The name of the corporation is: RELIANT HEALTH CARE SERVICES, INC.

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

Douglas J. Gum 1849 n.w 126th Ave Pembroke Pines, FI 33028

SIGNATURE

TITLE President

DATE 9/12/97

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 HERBY 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 ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SKUTANDIE

the stand Att

STATE

9/12/57

97 NOV 12 MIII: 21