

P97000105056

TRANSMITTAL LETTER

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

500002362245--4
-12/03/97--01081--006
*****70.00 *****70.00

CARE
Precision Management, Inc.
SUBJECT: _____
(Proposed corporate name- must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

- (x) \$70.00 () \$78.75 () \$122.50 () \$131.25

FILED
97 DEC 15 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Clara M. Perez
Name(printed or typed)
4471
4711 N. W. 36 ST Suite 252
Address
Miami Springs, FL 33166
City, State & Zip
(305) 885-1048
Daytime Telephone Number

~~4471-27217~~
Dmc
12-5-97

~~2544~~

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 5, 1997

CLARA M. PEREZ
4471 NW 36 STREET
SUITE 252
MIAMI SPRINGS, FL 33166

SUBJECT: PRECISION MANAGEMENT, INC.
Ref. Number: W97000027217

We have received your document for PRECISION MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6923.

Doris McDuffie
Corporate Specialist Supervisor

Letter Number: 797A00057514

FILED

97 DEC 15 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Precision Care Management, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4471 N. W. 36 St Suite 252
Miami Springs, FL 33166

ARTICLE III SHARES

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

10,000 SHARES IRC SECT. 1244 SMALL BUSINESS STOCK

ARTICLES IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Clara M. Perez
4471 N. W 36 St Suite 252
Miami Springs, FL 33166

ARTICLE V INCORPORATOR(S)

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

Clara M. Perez
4471 N.W. 36 St Suite 252
Miami Springs, FL 33166

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
26th day of November, 1997.


Signature

Signature

Articles of Incorporation
Filing Fee- \$35

FILED

97 DEC 15 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: Precision Care Management, Inc.

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

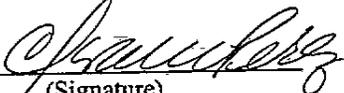
Clara M. Perez

4471 N.W. 36 St Suite 252

(P.O.BOX not acceptable)
Miami Springs, FL 33166

(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 positions as registered agent.


(Signature)