

# P98000027441

TRANSMITTAL LETTER

**FROM:**

Name of corporation: FLORIDA HEALTH MANAGEMENT, INC.

Street address of the corporation 1031 IVES DAIRY RD., SUITE 127  
City: N. MIAMI BEACH State: FLORIDA Zip: 33179

800002464968-5  
-03/23/98-01069--001  
\*\*\*\*131.25 \*\*\*\*131.25

**DEAR CORPORATIONS DIVISION:**

Please find enclosed:

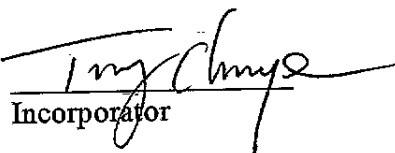
1. An original Articles of Incorporation and one copy for the above named corporation.
2. A certified check or money order in the amount of \$ 70<sup>00</sup> for filing fees.

A CERTIFIED COPY is ☒ is not ☐ requested.

If a certified copy is requested, the additional fee in the amount of \$ 61.25 is enclosed.

Please send responses or receipts concerning this filing to the above address.

Thank you very much.

  
Incorporator

(305) 651-9464  
Telephone Number

FILED  
98 MAR 23 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I corr. art I. to T.A.

T.A. - 3/25/98

**ARTICLE OF INCORPORATION**  
of

**FLORIDA HEALTH MANAGEMENT, INC.**

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of Incorporation for the purpose of forming a for-profit corporation

**Article 1.** The name of the corporation is:

**FLORIDA HEALTH MANAGEMENT, INC.**

**Article 2.** The principal place of business and mailing address of this corporation is:  
1031 IVES DAIRY ROAD, SUITE 127, N. MIAMI BEACH, FL 33179

The nature of the business and the objects and purposes proposed to be transacted, promoted and carried on, are to do any and all things herein mentioned, as fully and to the same extent as natural persons might or could do, in any part of the world, viz.:

"The purpose of the corporation is to engage in any lawful act or activity for which the corporation may be organized under the general Corporation Law of Florida".

**Article 3.** The corporation is authorized to issue one class of stock, that stock being 1000 shares of \$1.00 par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

**Article 4.** The name and address of the corporation's initial registered agent is:

TONY CHINYE, CPA  
1031 IVES DAIRY ROAD, STE 127  
NORTH MIAMI BEACH, FL 33179

**Article 5.** The name and address of the incorporator is as follows:

TONY CHINYE  
1031 IVES DAIRY RD., STE 127  
N. MIAMI BEACH, FL 33179

**Article 5.** The name and address of the initial Director is as follows:

**IKE CHINYE, 1031 IVES DAIRY RD., STE 127, N. MIAMI BEACH, FL 33179**

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TALLAHASSEE, FLORIDA

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**Article 6.** No Director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the foregoing Article of Incorporation are true, and that the incorporator is at least eighteen years of age.

3/16/98  
Date

Tony Chinye  
Signature of Incorporator

TONY CHINYE  
Name of Incorporator

CERTIFICATE OF DESIGNATION  
OF  
REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

1. The name and address of the corporation's registered agent and registered office is:

TONY CHINYE, CPA  
1031 IVES DAIRY ROAD, STE 127  
NORTH MIAMI BEACH, FL 33179

Having been named as the 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.

Tony Chinye  
Signature of Registered Agent  
3/16/98  
Date of Signature

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TALLAHASSEE, FLORIDA