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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. ELITE HEALTHEARE SERVICES, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Certificate of Status

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DIVISION OF CORPORATION

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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\*\*\*\*122.50 \*\*\*\*122.50

W98-6639  
K. Rolfe MAR 25 1998  
K. Rolfe MAR 27 1998

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

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DIVISION OF CORPORATION

March 25, 1998

LAZARUS

MIAMI, FL

SUBJECT: ELITE HEALTHCARE SERVICES, INC.  
Ref. Number: W98000006639

We have received your document for ELITE HEALTHCARE SERVICES, INC. and your check(s) totaling \$122.50. 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) 487-6932.

Kimberly Rolfe  
Document Specialist

Letter Number: 098A00016056

## ***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: Elite Healthcare, Inc. \_\_\_\_\_

### ***ARTICLE II PRINCIPAL OFFICE***

The principal place of business and mailing address of this corporation shall be:  
2180 SW 12th Avenue, Miami, FL 33129

### ***ARTICLE III SHARES***

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

### ***ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS***

The name and address of the initial registered agent is:

Ysulin Parrado  
2180 SW 12th Avenue  
Miami, FL 33129

### ***ARTICLE V INCORPORATOR(S)***

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

Ysulin Parrado, President and  
Jose M. Goyos, Vice-President  
2180 SW 12th Avenue  
Miami, FL 33129

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**ARTICLES OF INCORPORATION**

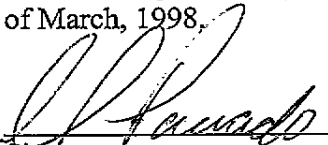
**Page Two**

***ARTICLE VI***  
***DIRECTOR(S)***

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

Ysulin Parrado, President and  
Jose M. Goyos, Vice-President  
2180 SW 12th Avenue  
Miami, FL 33129

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 24th day of March, 1998.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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:  
*Elite Healthcare, Inc.*
2. The name and address of the registered agent and office is:  
*Ysulin Parrado*  
*2180 SW 12th Avenue*  
*Miami, FL 33129*

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.

SIGNATURE:

DATE:

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