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LAZARUS CORPORATE FILING SERVICE, INC.

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(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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-07/07/98--01078--014

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OFFICE USE ONLY

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

1. HEALTHCARE NETWORK, INC. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in

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9:00

☒ Certified Copy

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 JUL -7 PM 2:58

FILED

| 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/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

DIVISION OF CORPORATION  
98 JUL -7 PM 11:26

Examiner's Initials

**ARTICLES OF INCORPORATION  
OF  
HEALTHCARE NETWORK, INC.**

**FILED**  
98 JUL -7 PM 2:58  
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TALLAHASSEE, FLORIDA

The undersigned incorporators for the purpose of forming a corporation under the Florida General Corporation Act. hereby adopts the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: **HEALTHCARE NETWORK, INC.**, The principal place of business of this corporation shall be: **782 N. LeJeune Rd., Suite 530, Miami, Florida 33126.**

**ARTICLE II NATURE OF 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 STOCKS**

The aggregate of shares of stocks and its par value that this corporation is authorized to have outstanding at any one time is: **100 SHARES WITH A PAR VALUE OF \$1.00 EACH.**

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street addresses of the initial officers and directors. If any, who shall hold office the first year of the corporation's existence or until their successors are elected are:

**Lilliam de Leon**

**President, Treasurer  
Secretary, V-President**

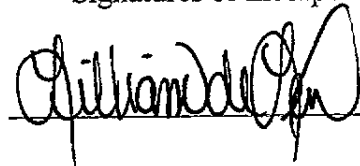
## **ARTICLES VI INCORPORATORS**

The name and street address of the incorporators to these articles of incorporation are:

**Lilliam de Leon      President, Treasurer**  
**7705 S.W. 75 Terr.   V-President, Secretary**  
**Miami, FL 33143**

**IN WITNESS WHEREOF**, the undersigned incorporators has have executed these Articles of Incorporation this day 2nd of July 1998.

Signatures of Incorporators




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**CERTIFICATE DESIGNATED  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statute, 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: **HEALTHCARE NETWORK, INC.**
2. The Name and address of the registered agent and office is:

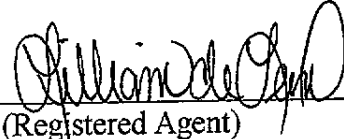
**Lilliam de Leon**  
**782 N. LeJeune Rd. Suite 530**  
**Miami, FL 33143**

Signature:   
(Corporate Officer)

Title: President

Date: 7/2/98

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature:   
(Registered Agent)

Date: 7/2/98

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98 JUL 27 PM 2:58  
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