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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

PHYSICIANS HEALTHCARE GROUP, INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

8/31/98



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

August 31, 1998

FAS-T CORP. AGENTS, INC.

SUBJECT: PHYSICIANS HEALTHCARE GROUP, INC.  
REF: W98000019838

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.

Please accept our apology for failing to mention this in our previous letter.

You must list at least one incorporator with a complete business street address.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan  
Document Specialist

FAX Aud. #: H98000016151  
Letter Number: 398A00044713

CERTIFICATE OF INCORPORATION  
OF  
PHYSICIANS HEALTHCARE GROUP, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, the undersigned, hereby make, subscribe and acknowledge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be: PHYSICIANS HEALTHCARE GROUP, INC., and its existence shall be perpetual.

2. The general nature of the business to be transacted shall be the treatment and rehabilitation of patients and to have all other powers provided by the laws of the State of Florida.

3. The capital stock of the corporation shall consist of fifty (50) shares, without nominal par value.

4. The amount of capital with which this corporation shall begin business in not less than FIVE HUNDRED DOLLARS.

5. The principal office of this corporation shall be at 900 West 49th Street, Suite 448, Hialeah, Florida 33012.

6. The number of directors shall be at least one (1), and the names and post office addresses of the first Board of Directors and Officers are:

<u>NAME</u>	<u>OFFICE</u>	<u>POST OFFICE ADDRESS</u>
1. AIMEE GONZALEZ	President	900 W. 49 St., #448 Hialeah, Florida 33012

7. The names and post office addresses of the subscribers to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefore, the proceeds of which will amount to not less than FIVE HUNDRED DOLLARS (\$500.00), are as follows:

This Document prepared by:  
Daniel M. Keil, P.A.  
3165 West 4th Avenue  
Hialeah, Florida 33012  
Telephone No. (305) 883-6600  
Florida Bar No. 181663

<u>NAME AND ADDRESS</u>	<u>NO. OF SHARES</u>	<u>CONSIDERATION</u>
1. AIMEE GONZALEZ	50	\$500.00

8. DANIEL M. KEIL, P.A., is hereby designated as the Registered Agent for the corporation and 3165 West 4th Avenue, Hialeah, Florida.

IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Hialeah, Florida this 27<sup>th</sup> day of August, 1998, for the uses and purposes aforesaid.

Aimee Gonzalez 900 West 49th st., # 448  
Hialeah, FL 33012

  
AIMEE GONZALEZ

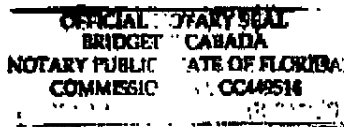
STATE OF FLORIDA )  
                              ) SS.  
COUNTY OF DADE )

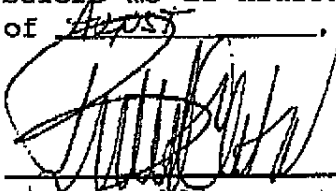
BEFORE ME, the undersigned authority, personally appeared

1. AIMEE GONZALEZ

Subscriber(s) and person(s) described in and who executed the foregoing Certificate of Incorporation, who acknowledged before me that they did subscribe thereto, and did so for the uses and purposes therein contained.

SWORN TO and SUBSCRIBED before me at Hialeah, Dade County, Florida this the 27<sup>th</sup> day of August, 1998.

  
OFFICIAL NOTARY SEAL  
BRIDGET CANADA  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION # CC448516

  
Notary Public, State of FL.

My Commission Expires:

This Document prepared by:  
Daniel M. Keil, P.A.  
3165 West 4th Avenue  
Hialeah, Florida 33012  
Telephone No. (305) 883-6600  
Florida Bar No. 181663

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CERTIFICATE OF DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN  
FLORIDA NAMING AGENT UPON WHOM PROCESS MY BE SERVED.

In compliance with Section 28.091, Florida Statutes, the  
following is submitted:

PHYSICIANS HEALTHCARE GROUP, INC.

desiring to organize or qualify under the laws of the State of  
Florida, with its principal place of business at the City of Miami,  
State of Florida, has named DANIEL M. KEIL, P.A. located at 3165  
West 4th Avenue, Hialeah, Florida, 33012 as its Agent to accept  
service of process within Florida.

  
CORPORATE OFFICER

TITLE President

DATE 8-27-98

I 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.

  
RESIDENT AGENT Daniel M. Keil Esq.

DATE 8-27-98

This Document prepared by:  
Daniel M. Keil, P.A.  
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Hialeah, Florida 33012  
Telephone No. (305) 883-6600  
Florida Bar No. 181663

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