

P98000076230

TRANSMITTAL LETTER

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

FILED
98 AUG 28 PM 1:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: FAMILY MEDICAL CARE CENTER, INC.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of
incorporation for the above corporation and check in the amount of \$
122.50

200002627562--6
-08/28/98--01048--013
****122.50 ****122.50

FROM:

SANTOS A. MARTINEZ
Name
12347 N.W. 7 ST #205
Address
MIAMI, FLORIDA 33129.
City, State, & Zip
(305) 541-1973
Telephone Number

Note: Additional copy of articles is needed only when certified copy is
requested.

9-1-98
4

ARTICLES OF INCORPORATION

OF

FAMILY MEDICAL CARE CENTER, INC.

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:

FAMILY MEDICAL CARE CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

FAMILY MEDICAL CARE CENTER, INC.
4150 N.W. 7 ST # 405
MIAMI, FLORIDA 33126.

ARTICLE III CAPITAL STOCK

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

100 SHARES NON PAR VALUE

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ARTICLE IV INITIAL REGISTERED AGENT

AND ADDRESS

The name and address of the initial registered agent is:

SANTOS A. MARTINEZ
12347 N.W. 7 ST #205
MIAMI, FLORIDA 33129.

ARTICLE V INCORPORATOR(S)

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

SANTOS A. MARTINEZ
12347 N.W. 7 ST #205
MIAMI, FLORIDA 33129.

The undersigned has(have) executed these Articles of Incorporation this

14 day of AUGUST, 1998.

Santos A. Martinez
PRESIDENT
Signature/Title

Santos A. Martinez
Signature/Title

Santos A. Martinez
Signature/Title

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

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Pursuant to the provisions of section 607.0501, 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: FAMILY MEDICAL CARE CENTER, INC.
INC.

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

SANTOS A. MARTINEZ

(NAME)

12347 N.W. 7 ST #205

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33129

(CITY/STATE/ZIP)

SIGNATURE

Santos A. Martinez
(corporate officer)

TITLE PRESIDENT

Santos A. Martinez

DATE AUGUST 14, 1998.

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

Santos A. Martinez

DATE AUGUST 14, 1998.