

FROM : EMMANUEL ELOI

SUBJECT : ALL FAMILY MEDICAL CENTERS, INC

P98000081944

THIS IS TO CERTIFY THAT I AM FAMILIAR  
WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES  
AS REGISTERED AGENT FOR ALL FAMILY MEDICAL  
CENTERS INC



EMMANUEL ELOI  
12809 W Dixie Hwy  
North Miami, FL 33161

100002634101--5  
-09/08/98--01118--017  
\*\*\*\*122.50 \*\*\*\*122.50

~~9-11-98~~

Dmc  
9-11-98

~~2544~~

EFFECTIVE DATE  
9-1-98

FILED  
98 SEP 8 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

September 14, 1998

**EMMANUEL ELOI**  
12809 W DIXIE HWY.  
NORTH MIAMI, FL 33161

**SUBJECT: ALL FAMILY MEDICAL CENTERS**  
Ref. Number: W98000020851

We have received your document for ALL FAMILY MEDICAL CENTERS 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) 487-6923.

Doris McDuffie  
Corporate Specialist Supervisor

Letter Number: 998A00046402

ARTICLES OF INCORPORATION

OF

ALL FAMILY WORKMAN MEDICAL CENTERS, INC.

ARTICLE I. CORPORATE NAME.

EFFECTIVE DATE  
9-1-98

The name of this Corporation is

ALL FAMILY WORKMAN MEDICAL CENTERS, INC.

ARTICLE II. NATURE OF BUSINESS AND POWERS.

The general nature of the business to be transacted by this Corporation is  
engage in any and all business permitted under the law of the State of Florida.

ARTICLE III. CAPITAL STOCK.

The maximum number of shares of stock that this Corporation is authorized  
issue and have outstanding at any one time is 100 shares of common stock having a  
value of \$ 1.00 per share (without par value).

NOTE: Par value shares may be issued only for a consideration having a value in  
the judgment of the Board of Directors, at least equivalent to the full par value of the  
stock to be issued. No par shares may be issued only for such consideration as is  
determined by the Board of Directors. All shares issued shall be fully paid and  
nonassessable.

ARTICLE IV. TERM OF EXISTENCE.

This Corporation shall have perpetual existence commencing on SEPT 1, 1998

ARTICLE V. REGISTERED AGENT AND INITIAL REGISTERED OFFICE.

FILED  
98 SEP 8 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓ The Registered Agent and the street address of the initial Registered Office of this Corporation in the State of Florida shall be:

EMMANUEL ELOI  
12809 W. DIXIE HWY.  
NORTH MIAMI, FL 33161

The Board of Directors from time to time may move the Registered Office to any other address in the State of Florida.

#### ARTICLE VI. BOARD OF DIRECTORS.

This Corporation shall have one (1) Director initially. The number of Directors may be increased or diminished from time to time by Bylaws adopted by the stockholders, but shall never be less than one (1).

#### ARTICLE VII. INITIAL DIRECTOR.

The name of the initial Director of this Corporation and the street address is: ,

EMMANUEL ELOI  
12809 W DIXIE HWY  
NORTH MIAMI, FL 33161

The person named as initial Director shall hold office for the first year of existence of this Corporation or until her successors are elected or appointed and have qualified, whichever occurs first.

#### ARTICLE VIII. INCORPORATOR.

The name and street address of the person signing these Articles of Incorporation as the Incorporator is:

EMMANUEL ELOI  
12809 W DIXIE HWY  
NORTH MIAMI, FL 33161

**ARTICLE IX. AMENDMENT.**

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders' meeting by at least a majority of the stock entitled to vote, unless all of the Directors and all the Stockholders sign a written statement manifesting their attention that a certain amendment of these Articles of Incorporation be made.

**ARTICLE X. OPTIONAL PROVISIONS.**

The principal place of business of this corporation shall be the same as the initial registered office, and mailing address which is ALL FAMILY WORKMAN MEDICAL CENTERS, INC.  
12809 W DIXIE HWY  
NORTH MIAMI, FL 33141

IN WITNESS WHEREOF, the undersigned, as incorporator, has executed the foregoing Articles of Incorporation on SEPT 1, 1998.



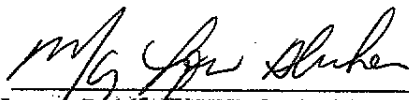
\_\_\_\_\_  
Incorporator

STATE OF FLORIDA }

S.S.

COUNTY OF DADE }

**BEFORE ME**, the undersigned authority, personally appeared EMMANUEL ELOI  
Il du li  
to me known to be the person described as Incorporator and who executed the foregoing  
Articles of Incorporation, and acknowledged before me that he subscribed to these  
Articles of Incorporation on Sept 3, 1998.

  
Notary Public State of Florida at Large  
**MARY LOU BLOCKER**

My Commission Expires:

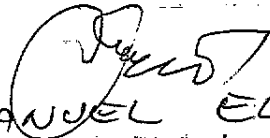
|   |
|---|
| OFFICIAL NOTARY SEAL<br>MARY LOU BLOCKER<br>NOTARY PUBLIC STATE OF FLORIDA<br>COMMISSION NO. CC472323<br>MY COMMISSION EXP. JUNE 14, 1999 |
|---|

FROM : EMMANUEL ELOI

RE : ALL FAMILY WORKMAN MEDICAL CENTERS, INC

98 SEP 8 AM 9:28  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THIS IS TO CERTIFY THAT I AM EMMANUEL ELOI  
WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES  
AS REGISTERED AGENT FOR ALL FAMILY WORKMAN  
MEDICAL CENTERS INC.

  
EMMANUEL ELOI  
12809 W. DIXIE HWY  
N. MIAMI, FL 33161