

TRANSMITTAL LETTER

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

400002677524--3
-11/02/98--01040--010
*****70.00 *****70.00

SUBJECT: C.A.D.C. Physicians, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Perez, Behar's Associates,
Name (Printed or typed)

14730 NE 10th Ave.
Address

N. Miami FL 33161
City, State & Zip

305-949-4738
Daytime Telephone number

98 NOV -2 AM 9:46
SEC. OF STATE
TALLAHASSEE - FLORIDA

NOTE: Please provide the original and one copy of the articles.

[Handwritten signature]

**ARTICLES OF INCORPORATION
OF
C.A.D.C. PHYSICIANS, INC.**

FILED
98 NOV -2 AM 9:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We, the undersigned, all of whom are of legal age, do hereby associate ourselves for the purpose of becoming a corporation under the laws of the State of Florida authorizing the formation of corporations.

ARTICLE I

The name of this corporation shall be:

C.A.D.C. PHYSICIANS, INC.

ARTICLE II

The purpose is to engage in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE III

It shall have the authority to issue 100 shares of stock, all of one class, with \$ 1.00 par value.

ARTICLE IV

The corporation shall begin with \$ 100.00 capital.

ARTICLE V

The period of its duration is perpetual.

ARTICLE VI

The address of its principal office is:

3905 SW 137TH Avenue C-2
Miami, Fl. 33175

ARTICLE VII

The number of directors constituting its initial Board of Directors is (2) whose name(s) and address(es) is (are):

**Luis A Ibanez
3905 SW 137th Avenue C-2
Miami, Fl. 33175
President 50%**

**Jesus A Gonzalez
3905 SW 137th Avenue C-2
Miami, Fl. 33175
Vice President 50%**

ARTICLE VIII

The name and address of the subscriber is:

**Luis A Ibanez
3905 SW 137th Avenue C-2
Miami, Fl. 33175**

ARTICLE IX

The permanent agent and address for the corporation shall be:

**PEREZ, BEHAR & ASSOCIATES, INC.
14730 N.E. 10TH AVENUE
N.MIAMI, FL. 33161**

ARTICLE X

Shareholders shall be entitled to preemptive rights.



Luis A Ibanez

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

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:

FIRST THAT C.A.D.C. PHYSICIANS, INC. DESIRING TO ORGANIZE OR
QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS
PRINCIPAL PLACE OF BUSINESS AT CITY OF MIAMI, STATE OF FLORIDA
HAS NAMED PEREZ, BEHAR & ASSOCIATES, INC. AS ITS AGENT TO
ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

Signature: _____



Title: PRESIDENT

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.

Signature: _____



RAMON PEREZ/ VICE-PRESIDENT
PEREZ, BEHAR & ASSOCIATES, INC.

Date: _____

10-27-98

98 NOV -2 AM 9:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

F-16