

P98000105122

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(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

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

1. ~~MANAGED CARE 2000, INC.~~  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_ 500002711315-3  
(Corporation Name) (Document #) -12/14/98-01051-015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Photocopy

☐ Certificate of Status

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

98 DEC 18 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

December 14, 1998

LAZARUS

MIAMI, FL

SUBJECT: MANAGED CARE 2000, INC.  
Ref. Number: W98000027930

We have received your document for MANAGED CARE 2000, INC.. However, the document has not been filed and is being returned for the following:

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) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 498A00058864

RECEIVED  
93 DEC 18 AM 10:39  
DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION**  
**OF**

HEALTH NETWORK 2000, INC.

98 DEC 18 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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:

HEALTH NETWORK 2000, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

4041 SW 5<sup>th</sup> Terr  
Miami, Florida 33134

**ARTICLE III CAPITAL STOCK**

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

Ten thousand shares (10,000 )

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

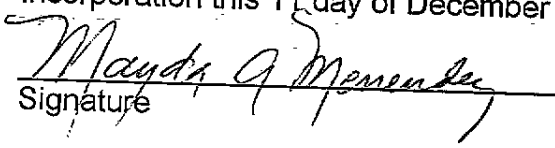
Mayda A. Menendez  
4041 SW 5<sup>th</sup> Terr  
Miami, Florida 33134

**ARTICLE V INCORPORATOR(S)**

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

Mayda A. Menendez  
4041 SW 5<sup>th</sup> Terr  
Miami, Florida 33134

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 11 day of December 1998

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

Pursuant to the provision of sections 607.0501 or 617.0501, 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.

The name of the corporation is HEALTH NETWORK 2000, INC.

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

Mayda A. Menendez  
4041 SW 5<sup>th</sup> Terr  
Miami, Florida 33134

**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: Mayda A Menendez  
DATE: \_\_\_\_\_

**FILED**  
98 DEC 18 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT FILING FEE: \$35.00