

TRANSMITTAL LETTER

P98000010 7785

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

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-12/24/98--01090--013
*****78.75 *****78.75

Health Network Care, Inc.

SUBJECT:

Health Care Services, Inc

(Proposed corporate name - must include suffix)

EFFECTIVE DATE
1-1-99

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Dwayne B. Moss

Name (Printed or typed)

15781 NE 15 place

Address

Miami FL 33162

City, State & Zip

305-275-5545

Daytime Telephone number

Shirah Robertson

© 954.227.3682
GAVE

INFORMATION BY PHONE TO

CONTACT Change Corp. Man

DATE 12/30

DOC. EXAM BB

98 DEC 24 AM 10:31
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BROOK DEC 30 1998

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

ARTICLES OF INCORPORATION

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

EFFECTIVE DATE

The name of the corporation shall be:

1-1-99

Health Network Care, Inc.

ARTICLE II PRINCIPAL OFFICE

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

15781 NE 15 place
Miami FL 33162

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TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 5 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Wayne B Moss
15781 NE 15 place
Miami FL 33162

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

President

Vice President

Sec'y

Director

Dwayne B Moss

15181 NE 15 place

MIAMI FL 33162

Article VI Effective Date

The effective date of the corporation shall be
January 1, 1999.

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

20 day of December, 19 98.

(An additional article must be added if an effective date is requested.)

Dwayne B Moss

Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

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: Health Network Care, Inc.

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

Dwayne B Moss
(NAME)
15781 NE. 15 place
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Miami FL 33142
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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.

Dwayne B Moss
(SIGNATURE)

12-20-98
(DATE)