

P99000004493

Date: Jan. 12, 99

Secretary of State  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
99 JAN 13 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200002739692--6  
-01/13/99--01053--014  
\*\*\*122.50 \*\*\*\*\*78.75

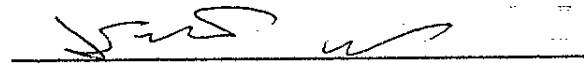
Re: Tampa Healthcare, Inc.

Dear Sirs:

Enclosed please find the original copy of Article of Incorporation, together with a check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Article of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,



Tampa Healthcare, Inc.  
8718 Somersworth Place  
Tampa, FL 33634  
PH: (813) 884-9558  
Fax: (813) 889-9394

P. Hall  
JAN 15 1999  
(3)

**ARTICLES OF INCORPORATION  
OF**

**TAMPA HEALTHCARE, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED SUBSCRIBER(S) TO THIS ARTICLES OF INCORPORATION,  
NATURAL PERSON(S) COMPETENT TO CONTRACT, HEREBY FORM A  
CORPORATION UNDER THE LAWS OF STATE OF FLORIDA.

**ARTICLE I**

**CORPORATE NAME**

THE NAME OF THE CORPORATION IS TAMPA HEALTHCARE, INC.

**ARTICLE II**

**DURATION**

THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED  
ACCORDING TO FLORIDA LAW.

**ARTICLE III**

**PURPOSE**

THIS CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY  
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAW OF THE UNITED  
STATES AND THE STATE OF FLORIDA.

**ARTICLE IV**

**CAPITAL STOCK**

THE CORPORATION IS AUTHORIZED TO ISSUE ONE HUNDRED SHARES  
(100) OF COMMON STOCKS WITHOUT PAR VALUE FOR EACH SHARE,  
WHICH WILL BE DESIGNATED AS "COMMON SHARES".

**ARTICLE V**

**INITIAL REGISTERED OFFICE AND AGENT**

THE PRINCIPAL OFFICE, IF KNOWN, OR THE MAILING ADDRESS OF THE  
CORPORATION IS:  
8718 SOMERSWORTH PLACE, TAMPA, FLORIDA 33634

THE NAME AND STREET ADDRESS OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:

XIANAI MI  
8718 SOMERSWORTH PLACE, TAMPA, FL 33634

ARTICLE VI  
INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE ONE( 1 ) DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DIMINISHED FROM TIME TO TIME BY THE BY-LAWS OF CORPORATION, BUT SHALL NEVER BE LESS THAN ONE (1). THE NAMES AND ADDRESS OF THE INITIAL DIRECTOR(S) OF THE CORPORATION ARE AS FOLLOWS:


XIANAI MI (PRESIDENT)  
8718 SOMERSWORTH PLACE, TAMPA, FL 33634

ARTICLE VII  
INCORPORATOR( S )

THE NAME(S) AND ADDRESS(ES) OF THE INCORPORATOR(S) SIGNING THESE ARTICLES OF INCORPORATION IS (ARE) AS FOLLOWS:

XIANAI MI  
8718 SOMERSWORTH PLACE, TAMPA, FL 33634

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER(S) HAVE EXECUTED THESE ARTICLES OF INCORPORATION THIS 9th DAY OF JANUARY, 1999.

  
\_\_\_\_\_  
INCORPORATOR

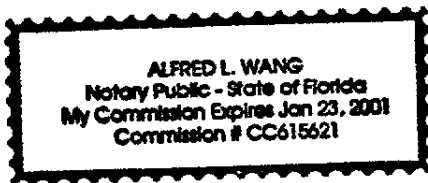
STATE OF FLORIDA     )  
COUNTY OF HILLSBOROUGH) SS

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS  
IN THE STATE AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED  
MR. XIANAI MI, 8718 SOMERSWORTH PLACE, TAMPA, FLORIDA 33634  
KNOWN TO ME AND KNOWN TO BE THE PERSON(S) WHO EXECUTED THE  
FORGOING ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGED  
BEFORE ME THAT HE EXECUTED THESE ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I HAVE HEREUNTO TO AFFIXED MY HAND AND SEAL, IN  
THE STATE AND COUNTY AFFORESAID, THIS 9th DAY OF

Jan., 19 99.

NOTARY SEAL



A handwritten signature in cursive script, appearing to read "Alfred L. Wang", written over a horizontal line.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


**Certificate of Registered Agent  
of  
Tampa Healthcare, Inc.**

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the Laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 8718 Somersworth Place, Tampa, Florida 33634 has named Xianai Mi located at aforesaid address, as its registered agent to accept service of process within this state.

**Acknowledgement**

Having been named as registered agent to accept service of process for the above corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

  
\_\_\_\_\_  
Registered Agent