

**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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*Articles*

1.) *HealthConnection, Inc.*  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

100002795481--6  
-03/05/99-01015-003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

**SPECIAL INSTRUCTIONS**

*W99-5429*

**FILED**  
99 MAR -9 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 5, 1999

CORPORATE ACCESS, INC.  
236 E 6TH AVE  
TALLAHASSEE, FL 32303

SUBJECT: HEALTHCONNECTION, INC.  
Ref. Number: W99000005429

*Corrected  
3/9/99*

We have received your document for HEALTHCONNECTION, INC. and your check(s) totaling \$78.75. 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: 499A00010300

RECEIVED  
99 MAR -9 PM 1:02  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

# **ARTICLES OF INCORPORATION**

## **OF**

HEMISPHERE HEALTH CARE, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

## **ARTICLE I. NAME**

The name of the corporation shall be HEMISPHERE HEALTH CARE, INC.

The principal place of business of this corporation shall be at 123 S.E. 3RD AVENUE, #266, MIAMI, FL 33131.

## **ARTICLE II. NATURE OF BUSINESS**

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation, including but not limited to real estate sales, brokerage, financing, purchasing, and owning.

## **ARTICLE III. CAPITAL STOCK**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having no par value per share.

## **ARTICLE IV. ADDRESS**

The street address of the initial registered office of the corporation shall be 555 NE 15TH STREET, SUITE 100, Miami, Florida, 33132 and the name of the initial registered agent of the corporation at that address is LORI GOLDSTEIN.

## **ARTICLE V. TERM OF EXISTENCE**

This corporation is to exist perpetually.

FILED  
99 MAR -9 PM 3:4  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI. OFFICERS AND DIRECTORS**

This corporation shall have Two officers and Two director, initially. The names and street address of the initial officers and directors who shall hold office for the first year of the corporation, or until her successor is elected or appointed is:

FRED MCCALL PEREZ, Ph. D  
109 E. RIVO ALTO DRIVE  
MIAMI BEACH, FL 33139

P/S/D

RICK NEVINS, M.D.  
16015 N. 66TH STREET  
SCOTTSDALE, ARIZONA 85254

VP/T/D

**ARTICLE VII. INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

LORI GOLDSTEIN, 555 NE 15TH STREET, SUITE 100, MIAMI FL 33132

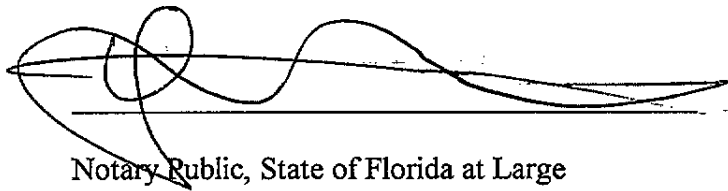
IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal on this 17th day of February, 1999.

  
Lori Goldstein

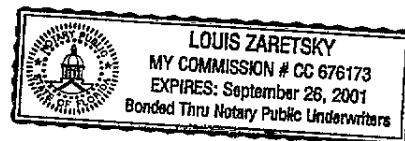
STATE OF FLORIDA

COUNTY OF DADE

The foregoing instrument was acknowledged before me this 17th day of February, 1999, by Lori Goldstein who is personally known to me. Said person did not take an oath.

  
Notary Public, State of Florida at Large

My Commission Expires: \_\_\_\_\_



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

In pursuance of Chapter 48,091, Florida Statutes, the following is submitted, in compliance with said Act:

HEMISPHERE HEALTH CARE, INC. desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation, at Miami, County of Dade, State of Florida, has named 555 NE 15th Street #100, Miami, Florida 33132 as its agent to accept service of process within this State.

  
INCORPORATOR

**ACKNOWLEDGMENT BY DESIGNATED AGENT**

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

  
LORI GOLDSTEIN

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99 MAR -9 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA