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12555 Biscayne Boulevard, Suite 868  
North Miami, Florida 33181

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)
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NEW FILINGS	
<input 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

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TALLAHASSEE, FLORIDA

**Articles of Incorporation  
of  
Health Care Program Coordinator Of Miami, Inc.**

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 1 Name

The name of the corporation shall be:

**Health Care Program Coordinator of Miami, Inc.**

Article 2 Principal Office

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

**8433 West Okeechobee Road  
2nd. Floor  
Hialeah Garden, Florida 33016**

Article 3 Capital Stock

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

**(100) One hundred shares, having an individual par value of (\$1.00)  
one dollar.**

**Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.**

Article 4 Initial Registered Agent and Address

The name and address of the initial registered agent is:

Marie Leon Fernandez  
8433 West Okeechobee Road  
2nd. Floor  
Hialeah Garden, Florida 33016

Article 5 Incorporator(s)

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

Marie Leon Fernandez  
President/Treasurer/Director  
8433 West Okeechobee Road  
2nd. Floor  
Hialeah Garden, Florida 33016

The undersigned has (have) executed these Articles of Incorporation this  
19 day of April 1999.



Marie Leon Fernandez  
President/Treasurer/Director

**Certificate of Designation**  
**Registered Agent/ Registered Office**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 Care Program Coordinator of Miami, Inc.**

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

**Marie Leon Fernandez  
8433 West Okeechobee Road  
2nd. Floor  
Hialeah Garden, Florida 33016**

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 Marie Leon Fernandez

DATE: April 19, 1999

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