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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

HC MEDICAL SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

B. BROCK JUN 17 1999

**ARTICLES OF INCORPORATION
OF
HC MEDICAL SERVICES, INC.**

The undersigned natural person, acting to form a corporation under the laws of the State of Florida that provide for the formation of a corporation for profit, with the powers, rights, privileges and immunities hereinafter mentioned, do hereby make, subscribe, acknowledge and file with the Secretary of State of the State of Florida these Articles of Incorporation; and to that end set forth:

ARTICLE I

The name of the corporation shall be:

HC MEDICAL SERVICES, INC.

ARTICLE II

The initial post office address of the principal office of the corporation in Florida will be:

1140 NW 185th Terrace
Pembroke Pines, Fl 33029

Prepared by
Harold Calle
1140 NW 185th Terrace
Pembroke Pines, Fl 33029
(954) 442-9252

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TALLAHASSEE FLORIDA

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ARTICLE III

This corporation will engage and is empowered to engage in any business permitted under the laws of the United States of America and of the State of Florida.

ARTICLE IV

The Total number of shares of stock which this Corporation is authorized to have outstanding is defined as follows :

<u>Class</u>	<u>No. Shares</u>	<u>Par Value</u>
Common	7,500	\$ 1.00

ARTICLE V

The amount of capital this corporation will begin business with is:

FIVE HUNDRED DOLLARS (\$500.00)

ARTICLE VI

This corporation shall have perpetual existence.

ARTICLE VII

This corporation shall have ONE directors initially. The number of Directors may be increased or diminished from time to time, as provided by the By-Laws adopted by the stockholders.

ARTICLE VIII

The name and post office address of the member of the first Board of Directors of this corporation, and who shall hold office for the first year, or until their successor is chosen shall be:

Harold Calle
1140 NW 185th Terrace
Pembroke Pines, FL 33029

ARTICLE IX

The name and address of the officers of the Corporation, who shall hold office until their successor is chosen, shall be:

Harold Calle	President
1140 NW 185 th Terrace	
Pembroke Pines, FL 33029	

Patricia Calderon	Secretary
1140 NW 185 th Terrace	
Pembroke Pines, FL 33029	

ARTICLE X

The initial registered agent and registered office of the corporation shall be:

Rafael E. Rodriguez, Jr.
9360 Sunset Drive Suite 287
Miami, FL 33173

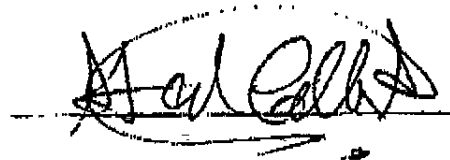
ARTICLE XI

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by it to the stockholders, and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all of the directors and all the shareholders sign a written statement manifesting their intention that a certain amendment of these articles of incorporation be made.

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IN WITNESS WHEREOF, the undersigned, being the sole incorporator of the corporation identified above, declare that I have examined the foregoing this 15 day of June 1999, and do declare it to be true and correct.

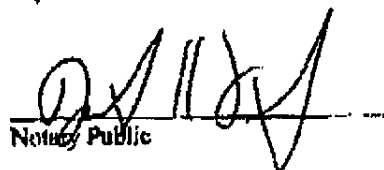
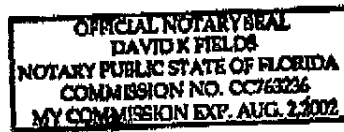
Harold Calle
1140 NW 185th Terrace
Pembroke Pines, FL 33029



COUNTY OF DADE)
) SS:
STATE OF FLORIDA)

THIS IS TO CERTIFY that on this 15th. day of June 1999 before me, a notary public, personally appeared Harold Calle who is personally known to me and who produced a Florida Drivers License and who I am satisfied is the person named as the sole incorporator and executor of the foregoing Articles of Incorporation, and who by his signature in my presence has acknowledged the same as his voluntary act.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal on this 15 day of June 1999.

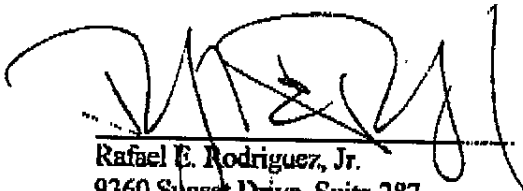

Notary Public

My commission expires

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ACCEPTANCE OF REGISTERED AGENT APPOINTMENT

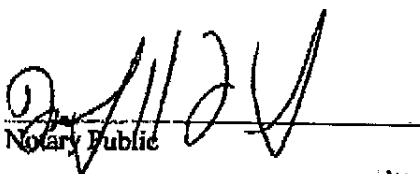
I, Rafael E. Rodriguez, Jr., a natural person with an address of 9360 Sunset Drive Suite 287, Miami, FL 33173, do hereby accept the appointment of Registered Agent of HC MEDICAL SERVICES, INC., on this 15th. day of June of 1999.

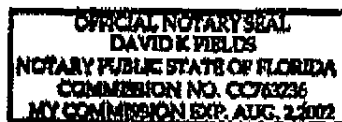

Rafael E. Rodriguez, Jr.
9360 Sunset Drive Suite 287
Miami, FL 33173

COUNTY OF DADE)
) SS:
STATE OF FLORIDA)

THIS IS TO CERTIFY that on this 15th. day of June 1999 before me, a notary public, personally appeared Rafael E. Rodriguez, Jr., who is personally known to me and who produced a Florida Drivers License and who I am satisfied is the person named as the Registered Agent and executor of the foregoing Acceptance of Registered Agent Appointment, and who by his signature in my presence has acknowledged the same as his voluntary act.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal on this 15th. day of June 1999.


Notary Public



My commission expires

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TALLAHASSEE FLORIDA