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LOCAL REPRESENTATIVE TALLAHASSEE

500002974885--7
 -08/31/99--01062--003
 *****78.75 *****78.75

500002974885--7
 -08/31/99--01062--004
 *****8.75 *****8.75

OFFICE USE ONLY

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

1. FAMILY CARE HEALTH CENTER, INC.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- Walk in Pick up time 2:00 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

RECEIVED
 99 AUG 31 AM 11:47
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" 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

FILED
 99 AUG 31 PM 2:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Examiner's Initials

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

The name of the corporation shall be:

FAMILY CARE HEALTH CENTER, INC.

ARTICLE II- PRINCIPAL OFFICE

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

572 S.W. 2nd Street
Belle Glade, Florida 33430

ARTICLE III- SHARES

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

100 Shares having and individual par value of \$1.00

ARTICLE IV- INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SUSAN MENENDEZ
15601 S.W. 90TH AVENUE
Miami, Florida 33157

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

ARTICLE V- INCORPORATOR(S)

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

SUSAN MENENDEZ.- 15601 S.W. 90TH AVENUE
Miami, Florida 33157

ARTICLE VI- DIRECTOR(S)

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

SUSAN MENENDEZ.- 100%-Percent Shares
President
15601 S.W. 90TH AVENUE
Miami, Florida 33157

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 28th day of August, 1999.


Signature

Article of Incorporation
Filing Fee- \$35

CERTIFICATE OF REGISTERED AGENT
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.

The name of the corporation is: FAMILY CARE HEALTH CENTER, INC.

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

SUSAN MENENDEZ
(NAME)

15601 S.W. 90th AVENUE
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33157
(CITY/STATE/ZIP)

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 *Susan Menendez*
DATE 8/30/99

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TALLAHASSEE FLORIDA