

Division of Corporations

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## Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

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## To:

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

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 541-3694  
Fax Number : (305) 541-3770

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

ALL-CARE MEDICAL AND THERAPY CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATIONOFALL-CARE MEDICAL AND THERAPY CENTER, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person, competent to contract, by and under the Statutes of the State of Florida providing for formation, liability, rights, privileges and immunities of corporation for profit, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I

## Name

The name of this corporation is:

All-Care Medical and Therapy Center, Inc.

ARTICLE II

## Duration

This corporation is to have perpetual existence.

ARTICLE III

## Purpose

The corporation is organized for the purposes of transacting any and all lawful business permitted under the laws of the United States of America or the State of Florida.

ARTICLE IV

## Capital Stock

The aggregate number of shares which the corporation has authority to issue is 500 shares all of which shall be common stock with a par value of \$1.00 per share.

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ARTICLE V

**Initial Capital**

The corporation will begin business with a sum of Five Hundred Dollars (\$500.00) paid in capital.

ARTICLE VI

**Initial Business Address And Registered Agent**

The street address of the principal place of business of this corporation is 10185 Collins Ave., Suite 1501, Miami Beach, Florida 33154, and the name of the initial Registered Agent of this corporation is Bruce Lamchick.

ARTICLE VII

**Directors**

The number of directors shall not be less than one (1).

ARTICLE VIII

**Initial Directors**

The name and address of the initial directors and officers constituting the Board of Directors of the corporation is as follows:

Noel Rodriguez, President/Treasurer  
10185 Collins Ave., Suite 1501  
Miami Beach, Florida 33154

Nidia Diaz, Vice-President/Secretary  
10185 Collins Ave., Suite 1501  
Miami Beach, Florida 33154

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ARTICLE IX

## Incorporator

The name and address of the original incorporator of this corporation is: Bruce Lamchick, 9130 S. DADELAND BLVD. SUITE 1101, MIAMI, FL. 33156.

ARTICLE X

## Amendments to Articles of Incorporation

The corporation reserves the right to amend or repeal any amendment contained in the Articles of Incorporation, or add to them, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation on this 2<sup>nd</sup> day of September, 1999.

  
BRUCE LAMCHICK

STATE OF FLORIDA:

:SS

COUNTY OF DADE :

I HEREBY CERTIFY that on the 2<sup>nd</sup> day of September, 1999, before me a Notary Public duly authorized to take acknowledgments in the State and County aforesaid, personally appeared BRUCE LAMCHICK, to me well known to be the person described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to these Articles of Incorporation.

WITNESS my hand and seal in the County and State last aforesaid this 2 day of September, 1999.

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EMPIRE CORP

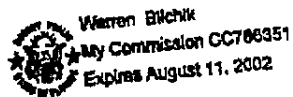
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*Warren Bilchik*  
\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA  
MY COMMISSION EXPIRES:



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**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:

First, That ALL-CARE MEDICAL AND THERAPY CENTER, INC., desiring to organize under the laws of the State of Florida within its principal offices, as indicated in the Articles of Incorporation at City of MIAMI, County of DADE, State of Florida, has named as its agent to accept services within this state:

BRUCE LAMCHICK, ESQUIRE  
9130 S. DADELAND BLVD.  
Suite 11011  
MIAMI, FLORIDA 33156

**ACKNOWLEDGMENT:**

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.

  
BRUCE LAMCHICK  
Registered Agent

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