

TRANSMITTAL LETTER

P99000079740

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

400002370684-9
-08/26/99-01028-024
*****87.50 *****87.50

SUBJECT: PROFESSIONAL HEATH SERVICES, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: ROBERT BERENGUER
Name (Printed or typed)

4390 Nahogany Ridge Dr
Address

Wreston FL 33331
City, State & Zip

(305) 9622743
Daytime Telephone number

FILED
99 SEP -8 PM 4: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

9/8/99 TS



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 30, 1999

ROBERT BERENGUER
4390 MAHOGANY RIDGE DR.
WESTON, FL 33331

SUBJECT: PROFESSIONAL HEALTH SERVICES, INC.
Ref. Number: W99000020127

We have received your document for PROFESSIONAL HEALTH SERVICES, INC. and your check(s) totaling \$87.50. 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 give the Incorporator's name & address on article V.

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) 487-6927.

Tracy Smith
Document Specialist

Letter Number: 299A00043302

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

PROFESSIONAL HEALTH SERVICES OF MIAMI, INC

ARTICLE II PRINCIPAL OFFICE

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

1800 W. 49 STREET, Suite 332
HIALEAH, FL 33012

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Robert BERENGUER
4390 Mahogany Ridge Dr
Weston, FL 33331

ARTICLE V INCORPORATOR

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

Robert BERENGUER
4390 Mahogany Ridge Dr
Weston, FL 33331

Signature/Incorporator

4390 Mahogany Ridge Dr
Weston, FL 33331

Date

8/24/99

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date

8/24/99

FILED
99 SEP - 8 PM 4: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA