

Division of Corporations

Page 1 of 2

**P99000098704****Florida Department of State**

Division of Corporations

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**To:**

Division of Corporations

Fax Number : (850)922-4001

**From:**

Account Name : MEDGUARD SERVICES INC.

Account Number : I19990000019

Phone : (305)389-2049

Fax Number : (305)220-7776

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.****Ruth Family Care, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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**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:

RUTH FAMILY CARE, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

1110 N.W. 134th Avenue  
Miami, Fl. 33182

**ARTICLE III SHARES**

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

The number share which this corporation shall have the authority to issue is 100 shares of common stock No par Value. Each share shall have equal rights with each other share with respect to dividends voting and in liquidation.

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

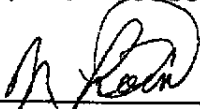
Ruth De Leon  
4375 S.W. 96th Avenue  
Miami, Fl. 33165

**ARTICLE V INCORPORATOR**

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

Ruth De Leon, President  
4375 S.W. 96th Avenue  
Miami, Fl. 33165

Joel Jose Ortiz, Vice-President  
4375 S.W. 96th Avenue  
Miami, Fl. 33165



Signature/Incorporator

November 09, 1999

Date

(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

Barbara M. Sarabia, Pres.  
Medguard Services, Inc.  
9274 S.W. 40th Street  
Miami, Florida 33165

November 09, 1999

Date

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