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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 922-4001

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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SECRETARY OF STATE
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FLORIDA PROFIT CORPORATION OR P.A.

PATIENT CARE COORDINATION CORP.

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ARTICLES OF INCORPORATION
OF

PATIENT CARE COORDINATION CORP.

These Articles are in compliance with Chapter 607, F.S.

Article I

The name of this corporation shall be:

PATIENT CARE COORDINATION CORP.

Article II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

Article III

The principal place of business and mailing address of this corporation shall be: 4401 W. TRADEWINDS AVENUE, LAUDERDALE BY THE SEA, FL 33308

Article IV

The general nature of business of this corporation is to transact any and all lawful business.

Article V

The number of shares which this corporation shall have authority to issue is 1,000 shares, having an individual par value of \$.50

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

Article VI

The name and street address of the initial Registered Agent of this corporation shall be: STUART A. NELSON, ESQ.

4403 W. TRADEWINDS AVENUE
LAUDERDALE BY THE SEA, FL 33308

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Article VII

The initial board of Directors shall consist of a total of 1 person(s) and the name and address of the person(s) who are to serve as an initial director(s)

MARGO HUNTER


4401 W. TRADEWINDS AVENUE
LAUDERDALE BY THE SEA, FL 33308

Article VIII

The name and address of the incorporator executing these Articles of Incorporation is:

EMPIRE CORPORATE KIT OF AMERICA, INC.
1492 WEST FLAGLER STREET #200
MIAMI, FL 33135

The undersigned has executed these Articles of Incorporation this 2ND day of DECEMBER, 1999.


Incorporator
Ray Stormont, President
Signing for
Empire Corporate Kit of America, Inc.

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

First that PATIENT CARE COORDINATION CORP.

desiring to organize under the laws of the State of Florida

with its principal office, as indicated in the articles of incorporation has

named STUART A. NELSON, ESQ.

located at 4403 W. TRADEWINDS AVE.

LAUDERDALE
City of BY THE SEA County of BROWARD State of Florida,

as its agent to accept service of process within this state.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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