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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850) 922-4001

From:

Account Name

: LORN LETTMAN, C.P.A.

Account Number: T19980000088

Phone

: (305)279-8943

Fax Number

: (305)271-4421

FLORIDA PROFIT CORPORATION OR P.A.

Goodevening Urgent Care, Inc.

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

11/16/99



ARTICLES OF INCORPORATION OF GOODEVENING URGENT CARE, INC.



The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, does hereby adopt the following articles of incorporation:

ARTICLE

The name of the corporation is _GOODEVENING URGENT CARE, INC.

ARTICLE II

The term of the existence of the corporation is perpetual. The inception date of the corporation and the day it began operations is <u>DECEMBER 23, 1999</u>.

ARTICLE III

The general purposes for which the corporation is to provide professional acute care medical services to those in need of medical care.

ARTICLE IV

The aggregate number of shares of stock which the corporation is authorized to issue is One Hundred (100).

ARTICLE V

The street address of the initial registered office and the principal place of business of the corporation is <u>7700 North Kendall Drive</u>. <u>Suite 405</u>. <u>Miami</u>. <u>FL</u> 33156, and the name of the agent at such address is: <u>Lorn Leitman</u>.

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Lorn Leitman, Esquire Bar Number: 562238 7700 North Kendall Drive, Suite 405, Miami, Fl. 33156 (305) 279-8943 fax (305) 271-4421

ARTICLE VI

			•
The number of directors	constituting th	ne initial board of directors	of the
corporation is two (2). The name	e and address of	the person/persons who is/are	e to serve
as initial board are:			· :
<u>Name</u>		<u>Address</u>	
<u>Jean-Mario Pierre</u>	(P)	822 N.E. 125th Street _	
		Suite #104	
		North Miami. Fl. 33161	· · · · · · · · · · · · · · · · · · ·
Lom Leitman ,	(Sec)	8120 S.W.86th Terrace	
		Miami. Florida 33156	
	<u>ARTICLE VI</u>		
The name and address of	the person signir	ng these articles of incorporation	on îs:
<u>Name</u>		Address	
<u>Lorn Leitman</u>	(Sec)	8120 S.W. 86th Terrace	
	,	Miami, Florida 33156	
Evecuted by the undersity	ned at Miami Da	ade County. Florida on this 🔌	.
day of <u>bec</u> , 19 9 9		Tonad or ing	
	_		
	1 A		

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LORN LEITMAN

Lom Leifman, Esquire

7700 North Kendall Orive, Suite 405, Miami, FL 33156 (305) 279-8943 fax (305) 271-4421

Bar Number: 562238

ACCEPTANCE BY REGISTERED AGENT:

Having been name to accept service of process for the above named corporation at a place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provision of Chapter 48.091, Horida Statutes, relative to keeping open said office for service of process.

105

STATE OF FLORIDA)
COUNTY OF DADE): SS:

Before me, the undersigned authority, personally appeared Lorn Leitman to me well known to be the person who executed the foregoing ARTICLES OF INCORPORATION and acknowledged before me, according to law, that he made and subscribed the same for the purposes therein mentioned and set forth

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 20

day of DLC. 19 99

Cathurue Orollio
Notary Public, State of Florida, at Large

My Commission Expires:

CATH, UNE COMBERO

Notary Public - State of Florida

My Commission Expires Apr 22, 2002

Commission # CC735991

99 DEC 30 PM 3: 23
SECRETARY OF STATE
TAILANIASSEE, FLORIDA

- 3 -

Lom Leilman, Esquire

7700 North Kendall Drive, Suite 405, Miami, FL 33156 (305) 279-8943 fax (305) 271-4421

Bar Number: 562238

CERTIFICATE DESIGNATION (OR CHANGING) 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 607.34 Florida Statutes, the following is submitte, in compliance with said Act:	
First - That Goodevening Urgent Care, Inc., desiring to organize under the laws of the State of, with its principal office, as indicated in the articles of incorporation at City of North Miami.	
County of Miami-Dade, State of Florida,	<u>:-</u>
has named(Name of Registered Agent)	
located at7700 North Kendall Drive, Suite 405	
City of Miami County of Miami-Dade	
State of Florida, as its agent to accept service of process within this state.	
100 mm 10	
ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)	

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)
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.

Lorn Leltman, Esquire

7700 North Kendall Drive, Suite 405, Miami, FL 33156 (305) 279-8943 fax (305) 271-4421

Bar Number: 562238