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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

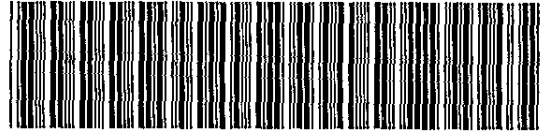
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04/02/03--01052--010 **87.50

FILED
03 MAY -2 AM 10:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Ad 11b Health Care 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: Patricia J. Fferson
Name (Printed or typed)

453 - D Lakewood Circle
Address

MARGATE FL 33063
City, State & Zip

984 - 383 - 2875
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Ad Lib Health Care Services Inc

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

453 -D Lakewood Circle
MARGATE FL 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

patient health care service, patient care manager
educational department

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

PATRICIA JEFFERSON R.N. BSN

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Patricia Jefferson
453 -D Lakewood Circle
Margate FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patricia Jefferson
453 -D Lakewood Circle
Margate FL 33063

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Patricia Jefferson
Signature/Registered Agent

4-16-03
Date

Patricia Jefferson
Signature/Incorporator

4-16-03
Date