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LAZARUS CORPORATE FILING SERV	VICE
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Walk in Pick up time Mail out Will wait	Certified Copy Description Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Evaminar's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be: ALPHA HEALTH CARE Clinic, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

19436 N.C. 26TH AVE VNIT +82 AVENTURA FL 33180

ARTICLE III - SHARES

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

100

ARTICLES IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA ESMERALDA GRUNGCASSE

19436 N.C. 26TH AVE

VILT \$ 82 AVENTURA FL 33180

ARTICLE V - INCORPORATOR

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

MARIA ESMERALDA CRUNGLASSE
19436 N.C. 26TH AVE UNIT +82
AVENTURA FL 33180

The undersigned incorporator has executed these Articles of Incorporation this 23 day of Tanuary 200 7

Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

MARIA ESMERALDA GRUNGUSGE - PRESIDENT - TREASURER
- BEATRIZ REYES - VICE PRESIDENT - SECTETARY
19436 M.E. 26th AVE Unit # 82
AVENTURA, - FT. 33180

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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