CAPITAL CONNECTION, INC. Virginia St., Suite 1, Tallahassec, FL 32301, (904)224-8870 Per Address Post Office May 10149, Tallahasse St. 13103 RE: J-CLUC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222

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Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE

1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU

from Your Capital Connection

ARTICLES OF INCORPORATION FILED

96 JAN 30 PH 1: 02

OF

SECREMAY OF STATE TALLAHASSEE, FLORIDA

JEWEL HEALTH CARE CENTER, INC.

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 is JEWEL HEALTH CARE CENTER, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 5351 NORTH STATE RD. 7, TAMARAC, FL 33319.

ARTICLE III: CAPITAL STOCK.

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Joseph Dileo, 5351 North State Rd. 7, Tamarac, FL 33319.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is President - Joseph Dileo, 5351 North State Rd. 7, Tamarac, FL 33319. Vice President - Bruce Kaminester, 5351 North State Rd. 7, Tamarac, FL 33319. Treasurer - Ron Silverberg, 5351 North State Rd. 7, Tamarac, FL 33319.

The undersigned has executed these Articles of Incorporation this 30th day of January.

"Capital Connection, Inc. by Kim Crosson, Client Representative"

CERTIFICATE OF DESIGNATION REGISTERED OFFICE

96 JAH 30 PH 1:02

SECRETAL FOR STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organised under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1.	The name of the corporation is:			
	Jewel Health Care Center, Inc.			
	The name and street address of the registered agent and			
	Joseph DiLeo, 5351, N. St. Rd. 7, Tamarac, Fl			
	33319			

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 HERRBY 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.

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