

ARTICLES OF INCORPORATION

OF

JEWEL HEALTH CARE CENTER, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

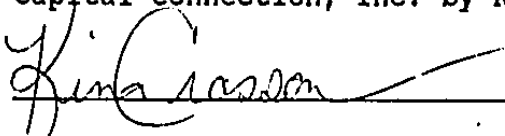
The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

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"



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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

96 JAN 30 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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.

1. The name of the corporation is: _____

Jewel Health Care Center, Inc.

2. The name and street address of the registered agent and office is: _____

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 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.

