P 99000052111

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

SUBJECT:	Alþh	a He			nc. of South		da		
Enclosed is an	original a	nd one(1		-	s of incorporation an	ຂນດເ	702897 -06/07/990 *****78.75 for:	01134	E -017 ×78.75
☐ \$70. Filing F	.00 [₹ \$78.75 iling Fee			S78.75 Filing Fee & Certified Copy ADDITIONAL	Fil y Ce & Sta	\$87.50 ling Fee, ertified Copy Certificate of atus		
FROM: Winsome Henry Name (Printed or typed)									
		1325	Sw		Ave ·		99 JUI SECINA TAILLAI	***************************************	
North Lauderdale 71. 33068 City, State & Zip									

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

Daytime Telephone number

6145029

ARTICLES	OF	INCOR	PORATION
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The unde	ersigned incorpore	ator, for the purp	oose of forming i	a corporation u	ınder the Florid	a
	Corporation Act,					

ADMIGI E I MAISE		T
ARTICLE I NAME The name of the corporation shall be:	* · ·	EC 5
Alpha Health Care Inc. of South	Florida	
HITTH Health Care Inc. of South		5-1
		SST -
ADVICED II DRINGED AT ANDRES		Eno Pr
The principal place of hypinger and mailing address of the	#	1
The principal place of business and mailing address of thi	is corporation shall be:	97 9
1325 SW 75 Ave		3
north Lauderdale		D
Honda 33068		
ARTICLE III SHARES	responses and the second secon	
The number of shares of stock that this corporation is auti	norized to have outstanding at	any one time is:
100 Shares.		
ARTICLE IV INITIAL REGISTERED AGE	<u>NT AND STREET ADDR</u>	<u>ESS</u>
The name and Florida street address of the initial registers	ed agent are:	
1325 SW 75 Ave North Lauderdale		
中 · 33068		
ARTICLE V INCORPORATOR	v al .	
The name and address of the incorporator to these Artic	les of Incorporation are:	
Minsome Henry		
1325 SW 75 AVE.		
North Lauderdale		
引·33068		
WINDOME K.	5/4/99	
Signature/Incorporator	D	ate
-		

(An additional article must be added if an effective date is requested.)

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

Wincome It P.	s)4/99.
Signature/Registered Agent	Date