

FROM : FLORIDA REHABILITATION

PHONE NO. : 305 5483036

Mar. 05 2001 10:45AM P1

FROM : COMMUNITY HEALTH CARE CENTER

FAX NO. : 305-826-2165

Mar. 05 2001 10:09AM P1

Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : MEDGUARD BUSINESS CENTER, INC.

Account Number : I19990000019

Phone : (305)389-2049

Fax Number : (305)826-2165

01 MAR -5 PM 12:34  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

Varlag Inc.

|                       |         |
|-----------------------|---------|
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FROM : FLORIDA REHABILITATION

PHONE NO. : 305 5483036

Mar. 05 2001 10:45AM P2

FROM : COMMUNITY HEALTH CARE CENTER

FAX NO. : 305-826-2165

Mar. 05 2001 10:09AM P2

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## ARTICLES OF INCORPORATION

*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 shall be:

VARLAG INC.

### ARTICLE II PRINCIPAL OFFICE

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

916 West 42nd Street Suite #2  
Miami Beach, Florida 33140-0000

### ARTICLE III SHARES

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

The number share which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal right with each other share with respect to dividends voting and in liquidation.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

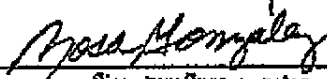
Henry W. Varela  
916 West 42nd Street Suite #2  
Miami Beach, Florida 33140-0000

### ARTICLE V INCORPORATOR

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

Henry W. Varela - DP  
916 West 42nd Street Suite #2  
Miami Beach, Florida 33140-0000

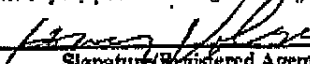
Rosa L. Gonzalez -DVP  
916 West 42nd Street Suite #2  
Miami Beach, Florida 33140-0000

  
\_\_\_\_\_  
Signature/Incorporator

03/05/01  
\_\_\_\_\_  
Date

(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*

  
\_\_\_\_\_  
Signature/Registered Agent

3/5/01  
\_\_\_\_\_  
Date

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