LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 200 Walk in Certified Copy Will wait Certificate of Statu Mail out Photocopy AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other 000003907360--6 **REGISTRATION** OTHER FILINGS -03/23/01--01012--016 QUALIFICATION *****78.75 *****78.75 Annual Report **Foreign Fictitious Name** Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials

ARTICLES OF INCORPORATION

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

<u>ARTICLE I – NAME</u>

The name of the corporation shall be: Healthy Aging, Inc.

ARTICLE II - PRINCIPLE OFFICE

The principal place of business and mailing of this corporation shall be: 8966 SW 87 Court, Suite 9 Miami, FL 33176



ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: George Dagnesses 15378 SW 140 Street Miami, FL 33196

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is: George Dagnesses 15378 SW 140 Street Miami, FL 33196

The undersigned incorporator has executed these Articles of Incorporation this 20th day of March 2001.

Signature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):
George Dagnesses
15378 SW 140 Street
Miami, FL 33196

William A. Abelove, MD 8966 SW 87 Court, Suite 9 Miami, FL 33176

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

