P0/00005/070

Division of Corporation	us	-	. 0	
P. O. Box 6327 Tallahassee, FL 32314	••• • • • • • • • • • • • • • • • • • •	_ on t	300	My Constitution of the second
SUBJECT: 5	WAN & A	SSOCIATE TENAME-MUST INCLU	~ , , , , . ~ ~ ~ ~	CAL STATE
		5(000042191 -05/16/010 ******78.75	6552-5 1047-2003 *****78.75
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	WILTS UT	rinted or typed)		- ≟.
	1443 (la	ilmdale C	purt	
	West Pal (561) 47	State & Zip / / / / / / / / / / / / / / / / / / /	<u>FL 33411</u>	
n 2 f	/ Daytime To	elephone number		

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

∴ ∴ compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1443 Lalm Hall Court West Talm To Cach, FL 33411 ARTICLE III PRINCIPAL OFFICE
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Health Scrvices
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS DIRECTORS (optional)
The name(s) and address(es): W/LT3 Palmark Court West Talm Beach, FL 334//
ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is: WILB Palmadall Court West Jalm Black FL 334// ARTICLE VII INCORPORATION:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
WILTS OF MAY 1443 Galmdall Court West Talm Beach FL 334M

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Ony
Signature/Registered Agent Date Signature/Incorporator
Date /