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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : R & R ACCOUNTING & TAX SERVICES, INC.
Account Number : 071324000655
Phone : (305)541-0790
Fax Number : (305)541-4015

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

HEALTH CARE INC.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION OF

HEALTH CARE INC.

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

ARTICLE I NAME

The name of the corporation shall be:

HEALTH CARE INC.

ARTICLE II PRINCIPAL OFFICE

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

1149 S.W. 27 AVE. SUITE 101
MIAMI, FL. 33135

ARTICLE III SHARES

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

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION
IS AUTHORIZED TO HAVE OUTSTANDING AT ANY TIME IS: 500 SHARES
OF COMMON STOCK AT \$1.00 PAR VALUE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ORLANDO AVELLANEDA
1149 S.W. 27 AVE. SUITE 101
MIAMI, FL 33135

PREPARED BY:
ORLANDO AVELLANEDA
1149 S.W. 27 AVE. STE 101
MIAMI FL 33135

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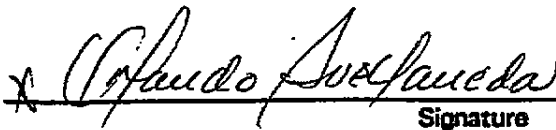
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ORLANDO AVELLANEDA PRESIDENT
1149 S.W. 27 AVE. SUITE 101
MIAMI FL 33135

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21st day of JULY, 2001.

 _____

Signature

Signature

Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED 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: HEALTH CARE INC.

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

ORLANDO AVELLANEDA

(Name)

1149 S.W. 27 AVE. SUITE 101(P.O. Box not acceptable)MIAMI FL 33135

(City/State/Zip)

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DIVISION OF CORPORATIONS

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.

Orlando Avellaneda
(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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