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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

MIAMI HEALTH CARE INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. McKnight NOV 05 2001

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MIAMI HEALTH CARE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9377 SW 56 ST MIAMI, FL 33165.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100 shares at \$1.00 per value.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ROYANNIE ANGELICA  
9377 SW 56 ST  
MIAMI, FL 33165

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ROYANNIE ANGELICA  
9377 SW 56 ST  
MIAMI, FL 33165

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

ROYANNIE ANGELICA  
9377 SW 56 ST  
MIAMI, FL 33165

\*\*\*\*\*  
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

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

11/2/01  
\_\_\_\_\_  
Date

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

11/2/01  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA

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