Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

	(TROTOSED CORTORA	TE NAME – <u>MOST INC</u>	20000503 -03/01/02 ******78.	3 2702 01062-004 75 *****78.
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation an	d a check for:	•
\$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM:	atherine H	(Printed or typed)	off De Sou	OZZAR -1
	Sunrise.	$\frac{39^{2}}{\text{Address}} \int_{-\infty}^{\infty} \frac{33}{33}$	<u>#104</u> 3 <i>5</i> 1	CORFORATIONS
-	(954) 817-	State & Zip 96 7/ Felephone number		-

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



ARTICLES OF INCORPORATION

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

ARTICLE	I	NAME
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The name of the corporation shall be:

CR Health Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11085 NW 39#STreet, apt. 104 Sunrise, FL 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health Services

ARTICLE IV SHARES

The number of shares of stock is:

100.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
Catherine H. Romanoff DeSoura
11085 NW 39484, #104
Sundise, FL 33351
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is:
Catherine A. Romanoff DeSource
11085 NW 39487, #104
Survise, FL 3335/

Having been named as registered agent to accept service of process for the above stated corporation at the place design

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

Signature/Registered Agent

Date

Signature/Incorporator

Date