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FILED
SECRETARY OF STATE TALLAHASSEE, FLORIDA

02 MAY 23 PM 12: 22

TRANSMITTAL LETTER

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

> 700005599687---3 -05/23/02--01047--014

Subject:

TOP CARE, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

[] \$70.00 Filing Fee [X] \$78.75

Filing Fee

*[] \$122.50 Filing Fee *[]\$131.25

& Certificate

& Certified Copy

Filing Fee, Certified Copy

& Certificate

*Additional Copy Required

MAILING ADDRESS:

FROM:

Jasper A. Thomas

1031 South "B" Street

Lake Worth, Florida 33460

Enclosures: Various



ARTICLES OF INCORPORATION

02 MAY 23 PM 12: 22

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:

TOP CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

1031 South "B" Street Lake Worth, Florida 33460

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name, address and telephone number of the initial registered agent is:

Jasper A. Thomas 1031 South "B" Street Lake Worth, Florida 33460 Phone: 561-635-3767

ARTICLE V INCORPORATOR(S)

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

Jasper A. Thomas 1031 South "B" Street Lake Worth, Florida 33460

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this day M411, 2002

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

02 MAY 23 PM 12: 22

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE CO 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:

TOP CARE, INC.

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

Jasper A. Thomas 1031 South "B" Street Lake Worth, Florida 33460

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.

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314