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SECRETARY OF STATE ...
TALLAHASSEE. FLORIDA

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LAZARUS CORPORATE FILIN	G SERVICE		· .:	
3320 S.W. 87 AVENUE		-	•	
MIAMI, FLORIDA (305)552-5973	,			
<u>. Peresa roman (</u> tallahassee re	PRESENTATIVE)	,		
		OFFICE USE ONLY		·
CORPORATION NAME(s) & DO		BER(S) (if known):		
1. CARE PLUS CO	ENTER-1	. ——	T, INC.	
2. (Corporation Name)		(Document #)		· · **** :
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ARTICLES OF INCORPORATION

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:

Care Plus Center-Northwest, Inc

ARTICLE II - PRINCIPAL OFFICE

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

1205 S. W. 37th Avenue Suite 201 Miami, Florida 33135

ARTICLE III -SHARES

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

10,000

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the Initial registered agent is:

Chris Perez 1205 S.W. 37th Avenue Suite 201 Miami, Florida 33135 SECRETARY OF STATE ORIDA

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Chris Perez 1205 S.W. 37th Avenue Suite 201 Miami, Florida 33135

The undersigned incorporator has executed these Articles of Incorporation this 19 day of July 2002

Signature

ARTICLE VI- DIRECTOR(S)

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

Ramon Corona, President 1205 S. W. 37th Avenue Suite 201 Miami, Florida 33135

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature