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MIAMI, FLORIDA (305)552-5973		
TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)		
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CONTROL ASTRONUNIA RATE(O) D. INOCHINATENIU NILINADED (C) ((c)).		
CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):		
1. PRESCRIVA HEAL	TH CARE, INC.	
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
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4. (Corporation Name) (Document #)		
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NEW FILINGS AMENDMENTS		
Profit Ame	endment	
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OTHER FILINGS REGISTRATION/		
Annual Report		
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Examiner's Initials

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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:

· PRESCRIVA Health CARE, INC.

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## ARTICLE II - PRINCIPAL OFFICE

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

1333 West 49 Place #212 Hialeah, Fl 33012

# ARTICLE III -SHARES

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

100

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Yanara: Perez 1333 West 49 Place # 212 Hulleah 1 Fl 33012.

#### ARTICLE V - INCORPORATOR

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

Yanora Perez 1333 West 49 Hace #212 HiAlean, Fl 33012

The undersigned incorporator has executed these Articles of Incorporation this 23 day of Sanuary 20 03

Signature

## **ARTICLE VI- DIRECTOR(S)**

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

Yanara Perez (PRESIDENT) 1333 West HA Place #212 HIALBAH, Fl 33012.

#### 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