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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 : PROFESSIONAL VISA, INC.
Account Number : T20020000173
Phone : (305)639-4737
Fax Number : (305)639-4725

FLORIDA PROFIT CORPORATION OR P.A.

Assistenza Health, Inc

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

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TALLAHASSEE FLORIDA

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ARTICLES OF INCORPORATION

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

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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Assistenza Health, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

27239 SW 117 Pl.
Homestead, Fl. 33032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any or all lawful activities or business permitted under the laws of The United States, the State of Florida, or any other states, country, territory or nation.

ARTICLE IV SHARES

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

One Thousand shall of common stock at one dollar per value.

ARTICLE V OFFICERS DIRECTORS:

President:

Shirley E. Bornacelli
9040 Collins Av. Apt. 9
Miami, Fl. 33154

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ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:

Shirley E. Bornacelli
9040 Collins Av. Apt. 9
Miami, Fl. 33154

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

Shirley E. Bornacelli
9040 Collins Av. Apt. 9
Miami, Fl. 33154

****

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.

Shirley Bornacelli
Signature/Registered Agent

1-29-03
Date

Shirley Bornacelli
Signature/Incorporator

1-29-03
Date

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