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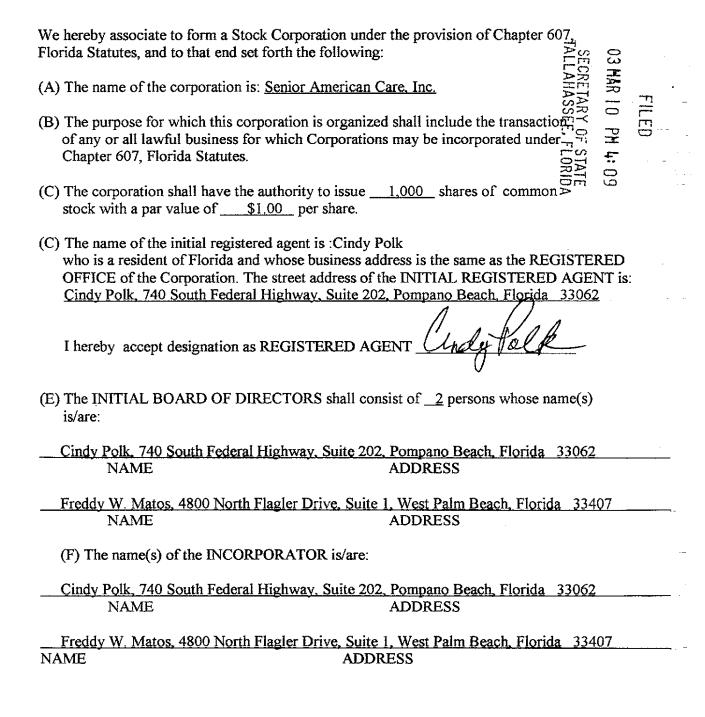
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ARTICLES OF INCORPORATION OF

Senior American Care, Inc.



SIGNATURE OF INCORPORATOR(S)

STATE OF FLORIDA **COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this day of By CINCH POK DE OF SENIOR OF SKNIGA AMERICAN

(Name of Incorporator) on behalf of the Corporation. (Title of Officer)

(Name of Corporation)

(seal)

NOTARY PUBLIC My Commission Expires:



