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CORPORATION NAME(s) & DO	OCUMENT NUMI	BER(S) (if known):		
(Corporation Name)	EZEH	EALTH CARE. INC.		
2. (Corporation Name)		(Document #)		
3. (Corporation Name)		(Document #)		
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NonProfit	Resignation of R.	A., Officer/Director		
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Domestication	Dissolution/Withdrawal			
Other	Merger			
OTHER FILINGS	REGISTRATIO			
Annual Report	Foreign			
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Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(\$) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

OCEAN Breeze Health Care INC.

<u>ARTICLE II – PRINCIPAL OFFICE</u>

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

IIC PONCE THE LEON RLVD Coral Gables FL 33/25

ARTICLE III -SHARES

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KUBEN D. KEYES 115 PONCE DE LEON BLVD. Coral GablES FL. 33135

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of
Incorporation is: KUBEN D. KEVES
115 PONCE DE LEUN BLVd
Coral Cables FL, 33125 The undersigned incorporator has executed these Articles of
The undersigned incorporator has executed these Articles of
Incorporation this day of 20
X' Signature Signature
,

ARTICLE VI- DIRECTOR(S)

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

PresideNT RUBEN D. REYES
Vic" "Carlos R. MariiNEZ
Secretery Madelyn RodrigheZ
115 PONCE DE LEON BLVd.
Coral Gables FL. 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