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(Requestor's Name)

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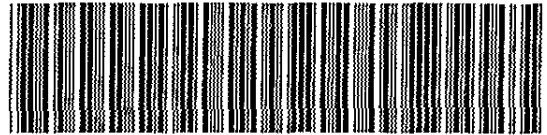
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10501-103

COMMITTEE MAY 06 2003

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: CARE PLANS, INC.

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for \$87.50, covering the Filing Fee, Designation of Registered Agent, Certified Copy and Certificate of Status.

From: CARE PLANS, Inc.
Evan Michael Katz
10001 N.W. 50th Street, Suite 111
Sunrise, FL 33351

NOTE: Please provide the original and one copy of the Article of Incorporation.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 14, 2003

EVAN MICHAEL KATZ
10001 NW 50 ST STE 111
SUNRISE, FL 33351

SUBJECT: CARE PLANS, INC.
Ref. Number: W03000010501

We have received your document for CARE PLANS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist
New Filings Section

Letter Number: 603A00022243

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03 MAY - 5 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The Undersigned Incorporator, for the purposed of forming a corporation pursuant to Chapter 607 of the Florida Statues, does hereby adopt the following Articles of Incorporation:

ARTICLE I – NAME

The name of the Corporation shall be: PLAN SOLUTIONS, INC.

ARTICLE II – PRINCIPLE OFFICE

The principle place of business and mailing address of this Corporation shall be 10001 N.W. 50TH STREET, SUITE 111, SUNRISE, FL 33351

ARTICLE III – CAPITALIZATION

The aggregate number of shares that the Corporation is authorized to have outstanding at any one time is One Thousand (1000). Such shares shall be of a single class and shall have a par value of One (\$1.00) Dollar per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The street address of the Initial Registered Office of the Corporation is 10001 N.W. 50th Street, Suite 111, Sunrise, FL 33351, and the name of its Initial Registered Agent at such address is Evan Michael Katz

ARTICLE V – INCORPORATOR

The name and address of the incorporator to these Article of Incorporation is : Evan Michael Katz, 10001 N.W. 50th Street, Suite 111, Sunrise, FL 33351.

ARTICLE VI – DIRECTORS

The number of directors constituting the initial Board of Directors is one (1). The name and address of such persons who are to serve as members of the Initial Board of Directors are Evan Michael Katz, 10001 N.W. 50th Street, Suite 111, Sunrise, FL 33351.

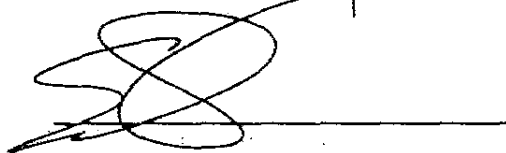
ARTICLE VII – PURPOSE OR PURPOSES

The general purposes for which the Corporation is organized are:

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03 MAY 2001
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. To engage in the business of the sale of discount health plans.
2. To engage in any other trade or business which can, in the opinion of the officers or directors of the corporation, be advantageously carried on in connection with or auxiliary to the foregoing business.
3. To do such other things as are incidental to the foregoing or necessary in order to accomplish the foregoing.

Executed by the undersigned on this 1 day of May, 2003.



EVAN MICHAEL KATZ

STATE OF FLORIDA)

)ss:

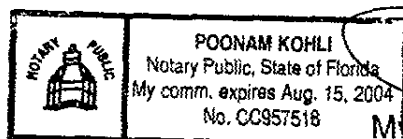
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, personally appeared
Evan M Katz, who is personally known to me, or who had
produced FDL# K320-213-72-1670 as identification) and who, being by
me first duly sworn, acknowledged before me that he executed the foregoing.

WITNESS My Hand and Official Seal in the County and State Aforementioned, this
1 day of May, 2003.

Notary Public

State of Florida



My commission expires:

Having been named as Registered Agent and to accept Service of Process for the above stated Corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Dated: May 1, 2003



EVAN MICHAEL KATZ

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TALLAHASSEE, FLORIDA