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PICK-UP	WAIT MAIL	
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LAZARUS CORPORATE FILI	NG SERVICE		,
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ADMINITED THE PROPERTY OF THE	HESENTATIVE)	OFFICE USE ONLY	
	•	4,	
CORPORATION NAME(s) & D	OCUMENT NUM	BER(S) (if known):	
1. EXCEL MED	CARE	INC.	
(Corporation Name)		(Document #)	
2. (Corporation Name)		(Document #)	
3.		·	
(Corporation Name)		(Document #)	-
4, (Corporation Name)		(Document #)	<u> </u>
Walk in Pick up time	2.00	Certified Copy.	
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Mail out Will wait	Photocopy	Certificate of Status	
NEW FILINGS	AMENDMI	NTS	
Profit	Amendment		
NonProfit	Resignation of R	A., Officer/Director	
. Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withd	rawai	
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OTHER FILNGS	REGISTRATIO		
Annual Report	Foreign		
Fictitious Name	Limited Partnersh	ip	
Name Reservation	Reinstatement		
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	Other	Examine	r's Initials
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CR2E031(9/92)

ARTICLES OF INCORPORATION

03 MAY 16 PM 12: 40
SECRE STOTE STATE
ALLAHASSEE FLORIDA

OF

EXCEL-MED-CARE INC.

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:

EXCEL-MED-CARE INC.

ARTICLE II: PRINCIPAL OFFICE

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

2541 SW 27th AVE SUITE 301 MIAMI FL. 33133

ARTICLE III: CAPITAL STOCK

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

100 SHARES OF \$5.00 EACH (\$500.00)

ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

MARIA E. SALMON 5151 COLLINS AVE # 532 MIAMI BEACH FL. 33140

ARTICLE V: INCORPORATOR(S)

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

MARIA E. SALMON 5151 COLLINS AVE # 532 MIAMI BEACH FL. 33140

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

EXCEL-MED-CARE INC.

2. The name and address of the registered agents and office is:

MARIA E. SALMON 5151 COLLINS AVE # 532 MIAMI BEACH FL. 33140

SIGNED: (Corporate Officer)

TITLE:______
DATE:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE:

DATE:

REGISTERED AGENT FILING FEE: \$20.00

ARTICLE VI: DIRECTOR(S)

The name(s) of the director (s) in this corporation is (are):

MARIA E. SALMON - PRESIDENT-D 5151 COLLINS AVE # 532 MIAMI BEACH FL. 33140

The undersigned has (have) executed these Articles of Incorporation this 12 Days of May 2003.

Signature/Title

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Signature/Title

Signature/Title

