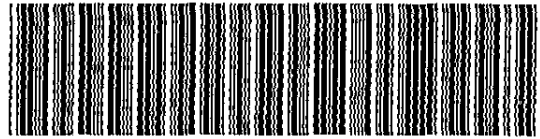


P03000060847

May 21, 2003



200019179032

Please stamp the  
copy and return to  
us in the enclosed  
stamped envelope -

Thank you

Steven Liberman

05/27/03--01048--007 \*\*70.00



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 MAY 27 PM 6:03

Office Use Only

6/3/03

**ARTICLES OF INCORPORATION  
OF  
ALLIED HEALTH CARE FACILITIES, INC.**

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE  
03 MAY 27 PM 6:03

**ONE:** The name of the corporation is: ALLIED HEALTH CARE FACILITIES, INC.

**TWO:** The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of the State of FLORIDA, other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the State of FLORIDA.

**THREE:** the name and address in this State of the Corporation's initial agent for service of process is: <sup>Principal</sup> JAY LIEBMAN 18090 COLLINS AV. #108 SUNNY ISLES, FL.33160

**FOUR:** This corporation is authorized to issue only one class of shares of stock which shall be designated common stock. The total number of shares it is authorized to issue is (500) FIVE HUNDRED shares.

**FIVE:** The names and addresses of the persons who are appointed to act as the initial directors of the corporation are:

NAME: ~~ADDRESS:~~ JAY LIEBMAN

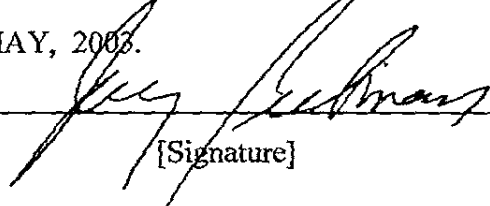
ADDRESS: 18090 COLLINS AV. # 108, SUNNY ISLES, FL. 33160

**SIX:** The liability of the directors of the corporation for monetary damages shall be eliminated to the fullest extent possible under the laws of the State of FLORIDA.

**SEVEN:** The Corporation is authorized to indemnify the directors and the officers of the corporation to the fullest extent permissible under the laws of the State of FLORIDA.

**IN WITNESS WHEREOF,**

The undersigned incorporator has executed these Articles of Incorporation this  
Day of 20 Month of MAY, 2003.

  
[Signature]

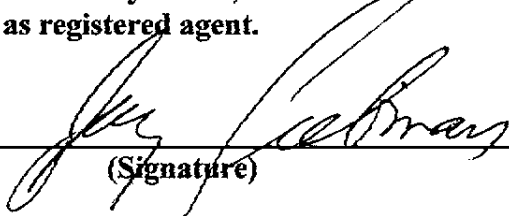
**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: ALLIED HEALTH CARE FACILITIES INC.**
- 2. The name and address of the registered agent and office is:**

**Name: JAY LIEBMAN  
Address: 18090 COLLINS AV. #108  
City, State, Zip: SUNNY ISLES, FL. 33160**

**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.**

  
\_\_\_\_\_  
(Signature)

**MAY 20, 2003  
(Date)**

**DIVISION OF CORPORATIONS, P.O. BOX 62327, TALLAHASSEE, FL. 32314**

**SECRET  
FILED  
TALLAHASSEE, FLORIDA  
03 MAY 27 PM 6:03**