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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
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FLORIDA PROFIT CORPORATION OR P.A.

Palm Beach Comfort Care PA

Certificate of Status	1
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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:

Palm Beach Comfort Care PA

ARTICLE II PRINCIPAL OFFICE

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

Palm Beach Comfort Care PA
5841 Corporate Way, Suite 105
West Palm Beach, FL 33407

ARTICLE III SHARES

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

1,500 SHARES @ No Par Value

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of a(n): **Medical Office**

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr. Anthony Caruso, D.C.
5841 Corporate Way, Suite 105
West Palm Beach, FL 33407

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

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

Dr. Anthony Caruso - President
8635 Cypress Springs Road
Lake Worth, FL 33467

Dr. Lorne Stitsky - President
1845 Tudor Road
Juno Beach, FL 33408

ARTICLES VII INCORPORATOR(S)

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

Dr. Anthony Caruso
8635 Cypress Springs Road
Lake Worth, FL 33467

Dr. Lorne Stitsky
1845 Tudor Road
Juno Beach, FL 33408

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2nd day of July 2003.



Dr. Anthony Caruso
SIGNATURE



Dr. Lorne Stitsky
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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Palm Beach Comfort Care PA

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

Dr. Anthony Caruso, D.C.

Name


5841 Corporate Way, Suite 105

(P.O. Box or Mail Drop Box NOT Acceptable)

West Palm Beach, FL 33407

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


Dr. Anthony Caruso, D.C.
SIGNATURE

July 2, 2003

(Date)

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