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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

NEW LIFE HEALTH GROUP INC.

Certificate of Status	0
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August 20, 2003

FAS-T

SUBJECT: NEW LIFE HEALTH GROUP INC.

REF: W03000023629

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The registered agent name is not on the certificate.

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Doris Brown Document Specialist New Filings Section FAX Aud. #: E03000255895 Letter Number: 103A00047156

ARTICLES OF INCORPORATION

OF

NEW LIFE HEALTH GROUP INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLEINAME

The name of the corporation shall be:

NEW LIFE HEALTH GROUP INC.

The principal place of business of this corporation shall be: 5520 SW 8th STREET CORAL GABLES, FL 33134

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 shares @ \$ 1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

JUAN CARLOS OCANA 5520 SW 8th STREET CORAL GABLES, FL 33134

O3 AUG 21 AM 9:31
SECRETARY OF STATE
TALLADASSEE, ILORIDA

ARTICLE VI INCORPORATORISI

The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

JUAN CARLOS OCANA 5520 SW 8th STREET CORAL GABLES, FL 33134

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of incorporation this, 19 day of August 2003 2001

Signature(s) of incorporator(s)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Fursuant to the provisions of Section 607.325, Fiorida 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.

2. The name and address office is: Juan Carlos Occ	of the regist	tered agent	and Sign
5520 SW 8th STREET		3	三三三三 景
(P.O. BOX N	NOT ACCEPTA	(BLE)	公里 2
CORAL GABLES, FL 3313	4 .	•	
CITY	SIGNATUS TITLE	08/18/03	STATE LORIDA
HAVING BEEN NAMED TO ACC ABOVE STATED CORPORATION, CERTIFICATE, I HEREBY AGREE FURTHER AGREE TO COMPLY WITH RELATIVE TO THE PROPER AND DUTIES, AND I ACCEPT THE DU 607,325, FLORIDA STATUTES.	CEPT SERVICE AT THE PLA TO ACT IN TH THE PROVI	CE DESIGNATE THIS CAPACIT VISIONS OF ALI FERFORMANC BLIGATIONS OF	ED IN THIS IY, AND I L STATUTES LE OF MY