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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.

MADCAT HEALTH CARE, INC.

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:

MADCAT HEALTH CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

MADCAT HEALTH CARE, INC.

7143 State Rd 54

New Port Richey, FL 34653-6104

ARTICLE III SHARES

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

100 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Stephen Kamen
9561 Sunrise Lakes Blvd, Apt 305
Sunrise, FL 33322**

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

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

**Stephen Kamen - President
114 Wayne Street
Jericho, NY 11753**

ARTICLES VI INCORPORATOR(S)

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

**Stephen Kamen
114 Wayne Street
Jericho, NY 11753**

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

30th day of December 2003.



Stephen Kamen - 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: MADCAT HEALTH CARE, INC.

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

Stephen Kamen

Name

9561 Sunrise Lakes Blvd, Apt 305

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

Sunrise, FL 33322

(City / State / Zip)

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TALLAHASSEE, FLORIDA

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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.



Stephen Kamen
SIGNATURE

December 30, 2003

(Date)