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DIVISION OF CORPORATION

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SECRETARY OF STATEMENT OF FEB 19 PH 6: 1

CORPORATION(S) NAME

() Will Wait

🖍 Profit () Merger NonProfit () Amendment) Dissolution () Mark) Foreign) Annual Report () Other) Limited Partnership) Reservation) Change of Registered Agent) Reinstatement () Certificate Under Seal (X) Certified Copy) Photo Copies

) Call if Problem

Name
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() Call When Ready

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Carrie Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION OF

LATIN CARE CENTER, INC.

The undersigned hereby forms a Corporation under the following charter of Articles of incorporation:

ARTICLE I

The name of this Corporation shall be:

LATIN CARE CENTER, INC.

ARTICLE II

The principal place of business/mailing address is:

4357 NW 6th Ave Pompano Beach, FL 33064

FEB 19 PM 6: 19

ARTICLE III

This Corporation is organized for the purpose of transacting any or all-lawful business.

ARTICLE IV

The aggregate number of shares which the corporation has authority to issue is one-thousand (1,000) shares of common stock having a par value of \$1.00 each. The Corporation elects to have preemptive rights for its shareholders.

ARTICLE V

This Corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of this Corporation are:

Rosimere Salles 4357 NW 6th Ave Pompano Beach, FL 33064

ARTICLE VI

The name and address of the initial registered agent of this corporation is:

Rosimere Salles 4357 NW 6th Ave Pompano Beach, FL 33064

ARTICLE VII

The name and address of the incorporator (s) of this corporation are:

Rosimere Salles 4357 NW 6th Ave Pompano Beach, FL 33064

Rosimere Salles/INCORPORATOR

02/18/04 DATE

CERTIFICATE OF DESIGNATION

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 in the state of Florida.

1. The name of the Corporation is:

LATIN CARE CENTER, INC.

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

Rosimere Salles 4357 NW 6th Ave Pompano Beach, FL 33064

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.

Rosimere Salles
Rosimere Salles/REGISTERED AGENT

DATE

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SECRETARY OF STATE TALLAHASSEE, FLORID