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LAZARUS CORPORATE FII	LING SERVICE		
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3320 S.W. 87 AVENUE			
MIAMI, FLORIDA (305)552-5973			
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CORPORATION NAME(S) &	DOCUMENT NUMB	ER(S) (if known):	
1. 5001H 12015 (Corporation Name)	IDA HEAL	(Document #)	
2.		(Document #)	
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NEW FILINGS	AMENDME	NTS TO THE RESERVE TO	
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/Director		
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
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OTHER FILINGS	REGISTRATION QUALIFICATION		
Annual Report	Foreign		
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Reinstatement Trademark

Examiner's Initials

Other

CR2E031(9/92)

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, Refeby adopt(s) the following Articles of Incorporation.

ARTICLE I – NAME

ARTICLE I – NAME

The name of the corporation shall be:

South Florida Health Conter Corp.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be: 2900 Palm Auf suite 201

Hialeah F133012

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ESTRELLA CASTILLO 255E 18ST HiALAAN F133010

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: ESTRELLA CASTILLO 2SSE 18ST Hialenh Fl 33010

The undersigned incorporator has executed these Articles of Incorporation this 11 day of MAY 2004

Estella Castillo

Signature

ARTICLE VI- DIRECTOR(S)

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

ESTREllA CASTIllo-President 2SSE 1BST Hinlanh F133010

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Estrela Castillo.

Registered Agent Signature