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FLORIDA PROFIT CORPORATION OR P.A.

COASTAL HEALTH CARE SERVICES, INC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

COASTAL HEALTH CARE SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1330 SW 22 ST
STE 305
MIAMI, FL 33145**ARTICLE III PURPOSE**The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is:
100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

MARIA ALFONZO (PD)
1330 SW 22 ST
STE 305
MIAMI, FL 33145**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:MARIA ALFONZO
1330 SW 22 ST
STE 305
MIAMI, FL 33145**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:MARIA ALFONZO
1330 SW 22 ST
STE 305
MIAMI, FL 33145

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*Maria Alfonso
Signature/Registered AgentAUGUST 09, 2004

Date

Maria Alfonso
Signature/IncorporatorAUGUST 09, 2004

Date

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