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CORPORATION NAME(S) & I	OCUMENT NUMBER(S) (if known):	
1. SUNSHINE HO	EALTH CARE C	ENTER CORF	
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OTHER FILINGS	REGISTRATION/ QUALIFICATION		
Annual Report	Foreign		
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement		
	Trademark		
	Other .	Translation	

Examiner's Initials

CR2E031(9/92)

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ARTICLES OF INCORPORATION

COLL SENSORE, PLORIDA 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:

SUNSHINE HEALTH CARE CENTER CORP.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and malling of this corporation shall be:

5700 Collins Avie. Apt. 14d MIAMI BEACH, FL 33140

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:

MicHAEL VISBAL 5700 Collins Ave. Apt. 14d Miami Beach, FL. 33140

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TATT ARASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of incorporation is:

MICHAEL VISBAL

5700 Collins Ave Apt. 14d Miami Beach, FL. 33140

The undersigned incorporator has executed these Articles of incorporation this 12 day of April 2005

ARTICLE VI-DIRECTOR(S)

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

MICHAEL VISBAL - PRESIDENT 75%.
5700 COllins Ave. Apt. 14d Michael Beach, FL. 33140
SANDRA De LA PEÑA - VICE PRESIDENT 25%.
16802 SW 50-T.
Miramar, Fl 33027.

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.

Repeated Agent Signature