

# P05000059616

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To:

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**FLORIDA PROFIT CORPORATION OR P.A.**

**MEDSCAPE HOME HEALTH CARE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

05 APR 22 AM 8:46  
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## CERTIFICATE OF INCORPORATION

ARTICLES OF INCORPORATION FOR

**MEDSCAPE HOME HEALTH CARE, INC.**

We the undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation privileges, and immunities of a corporation for profit, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I

The name of the corporation shall be:

**MEDSCAPE HOME HEALTH CARE, INC.**

### ARTICLE II

The corporation may engage in any activity of business permitted under the laws of the United States of America.

### ARTICLE III

The corporation is authorized to issue one hundred (100) shares of \$10.00 par value Common Stock, which shall be designated "Common Shares". Shares of Common Stock by both the president and vice-president. Stocks will have no value if not signed by the president and vice-president.

### ARTICLE IV

The amount of capital with which this corporation will begin business shall not be less than one Thousand (\$1000.00) dollars,

Prepared by: Juan Carlos Rodriguez  
Vares Inc.  
1688 Coral Way  
Miami Fl. 33145  
Tel: 305-285-8868 Fax: 305-285-6886

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ARTICLE V

*This corporation is to have perpetual existence.*

ARTICLE VI

*The principal office of this corporation shall be:*

9715 HAMMOCKS BLVD. # 106  
MIAMI, FLORIDA 33196

ARTICLE VII

*The number of the Board of Directors of the Corporation shall not be less than one person. The names and post office addresses of the First Board of Directors, who subject to the provisions of the Certificate of Incorporation, the By-laws and the Acts of Legislature, shall hold office for the Corporation, are:*

RUTH JARAMILLO

PRESIDENT/VICE-  
PRESIDENT/SECRETARY

9715 HAMMOCKS BLVD. # 106  
MIAMI, FLORIDA 33196

*The Board of Directors will be able to utilize all powers granted them by law in order to direct the Corporation as they see fit.*

#### ARTICLE VIII

*The names and post office addresses of each shareholder to the Certificate of Incorporation slash incorporator are as follows:*

*SLASH-INCORPORATE  
SHAREHOLDERS*

*% OF SHARES*

*RUTH JARAMILLO  
9715 HOMMOCKS BLVD. # 106  
MIAMI, FLORIDA 33196*

*100%*

#### ARTICLE IX

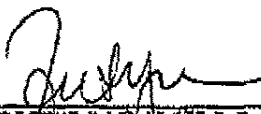
*The corporation shall have the right and power to, from time to time, determine whether and to what extent, at what time and places and under what conditions and regulations the accounting books of this Corporation, other than the stock book, or any of them, shall be open to The inspection of the stockholders, and no stockholders shall have any right of inspections of any account book or document of this Corporation, except as conferred by statute, unless authorized by resolution of the stockholders or Board of Directors. The Corporation, in it's By-laws confers power upon it's Board of Directors or Officers, in addition to the foregoing and in addition to the powers authorized and expressly conferred by Statute.*

*The corporation reserves the rights to amend, alter, change or repeal any provisions contained in this Certificate of Incorporation in the manner now hereafter prescribed by statute, and all rights conferred upon the stockholders herein or granted subject to this reservation.*

*i, the undersigned, being each and all of the original subscribers to the capital stock herein above named for the purpose of forming a corporation for profit to do business*

*Both within and without the State of Florida, do hereby declaring and certifying that the facts herein stated are true, and so respectively agree to abide by the Articles as herein stated.*

*Subscribed at Miami, Dade County, Florida, this 21th day of April of the year 2005*

  
\_\_\_\_\_  
RUTH JARAMILLO  
PRESIDENT

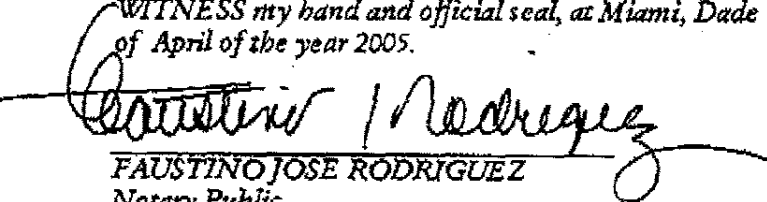
STATE OF FLORIDA            )  
  ) SS  
COUNTY OF MIAMI-DADE    )

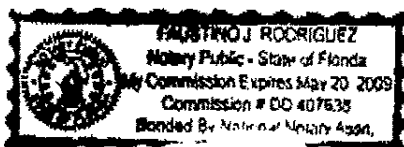
*Before me, the undersigned authority, duly authorized to administer oaths and receive acknowledgments, personally appeared*

RUTH JARAMILLO

*Who, after being duly sworn by me, depose and say that he signed the above and foregoing Certificate of Incorporation for the purposes therein set forth.*

*WITNESS my hand and official seal, at Miami, Dade County, Florida, this 21ST day of April of the year 2005.*

  
\_\_\_\_\_  
FAUSTINO JOSE RODRIGUEZ  
Notary Public,  
State of Florida at Large



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**CERTIFICATE OF ACKNOWLEDGMENT  
OF REGISTERED AGENT  
FOR SERVICE AND PROCESS WITHIN THE  
STATE OF FLORIDA**

*Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:*

*That: MEDSCAPE HOME HEALTH CARE, INC.*

*Is qualified to do business under the laws of the State of Florida, with its  
REGISTERED OFFICE at:*

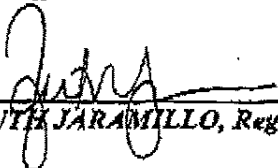
**9715 HAMMOCKS BLVD. #106  
MIAMI, FL 33196**

*And has appointed: RUTH JARAMILLO*

*as it's agent to accept services of process within the State.*

**ACKNOWLEDGMENT**

*Having been named as Registered Agent to accept service of process for the above stated Corporation at the place designated in the Certificate. I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping office said office.*

  
\_\_\_\_\_  
**RUTH JARAMILLO, Registered Agent**

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TALLAHASSEE FLORIDA

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