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

**A PLUS CARE MEDICAL CENTER, INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 02      |
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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:

A PLUS CARE MEDICAL CENTER, INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1701 NW 123RD AVE  
PEMBROKE PINES, FL 33026

### 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):

IVAN E. VILLANUEVA (PD)  
1701 NW 123RD AVE  
PEMBROKE PINES, FL 33026

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

IVAN E. VILLANUEVA  
1701 NW 123RD AVE  
PEMBROKE PINES, FL 33026

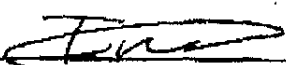
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

IVAN E. VILLANUEVA  
1701 NW 123RD AVE  
PEMBROKE PINES, FL 33026

\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
JUNE 16, 2005

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
JUNE 16, 2005

\_\_\_\_\_  
Date

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