

Division of Corporations

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT CORPORATION OR P.A.

Patient Care Mart Inc.

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

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T. Burch SEP 1 2005

ARTICLES OF INCORPORATION

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:

Patient Care Mart Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Patient Care Mart Inc.

**6003 NW 201 Terrace
Miami Lakes, FL 33015**

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TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

2,000 Shares at \$3.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Alma T. Knight, RN
6003 NW 201 Terrace
Miami Lakes, FL 33015**

Prepared By:
**Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940**

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

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

Alma Theresa Knight- 6003 NW 201 Terrace, Miami Lakes, FL 33015- President/Vice President

Gary Knight Jr.- 6003 NW 201 Terrace, Miami Lakes, FL 33015- Treasurer

Shantika LaTanya Knight- 6003 NW 201 Terrace, Miami Lakes, FL 33015- Secretary

ARTICLES VI INCORPORATOR(S)

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

Alma Theresa Knight- 6003 NW 201 Terrace, Miami Lakes, FL 33015

Gary Knight Jr.- 6003 NW 201 Terrace, Miami Lakes, FL 33015

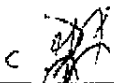
Shantika LaTanya Knight- 6003 NW 201 Terrace, Miami Lakes, FL 33015

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

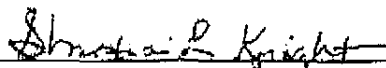
29th day of August 2005.



Alma Theresa Knight - Signature



Gary Knight Jr. - Signature



Shantika LaTanya Knight - Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Patient Care Mart Inc.**

2. The name and address of the registered agent and office is:

Alma T. Knight, RN

Name

6003 NW 201 Terrace

(P.O. Box or Mail Drop Box NOT Acceptable)

Miami Lakes, FL 33015

(City / State / Zip)

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Having been named as registered agent and to accept service of process for the above stated corporation at the 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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



Alma T. Knight, RN
SIGNATURE

August 29, 2005

(Date)