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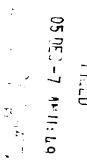
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special management to 1 ming officer.				

Office Use Only



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J. Stivers DEC 09 Times

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Nugent Health Care (PROPOSED CORPORA	Inc. TE name – <u>must inclu</u>	DE SUFFIX)	_		
Enclosed are an original and one (1) copy of the art \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	icles of incorporation and \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM: Paul Nugent	e (Printed or typed)		3,	0	
8000 Hampton Blv	d. #208 Address		·.)5 nr ; _	7
N. Lauderdale, FL. 33068 City, State & Zip			7 Av. 11.	11.50	
(754)-235-8232					

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

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:

Nugent Health Care Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8000 Health Blvd. #208 N. Lauderdale, FL. 33068.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Health Care.

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares @ \$0.50 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Paul Nugent - 8000 Hampton Blvd. #208, N. Lauderdale, FL. 33068 - President.

ARTICLE VI REGISTERED AGENT

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

Charles Inije

16499 N.E. 19th Avenue

N. Miami, FL. 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paul Nugent

8000 Hampton Blvd. #208

N. Lauderdale, FL. 33068.

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 A

12/02/2005

Date

12/02/2005

Date