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(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MA	IL.
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
	12/30	
	Office Use Only	



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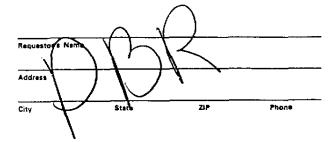
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OS DEC 29 AM 9: 07

OS CEC 29 PM P: 20

Charter Number Only

12/28/05



ALIDATION ONLY

CORPORATION(S) NAME

IVU	aic C	are SDIUtio	ns, inc.
) Profit) A	/ \ \
) NonProfit) Amendment	() Merger
) Foreign	() Dissolution	() Mark
) Limited Partnership	() Annual Report	() Other
) Reinstatement	() Reservation	() Change of Registered Agent
VCertified Copy	() Photo Copies	() Certificate Under Seal
) Call When Ready) () Will Wait) Call if Problem (De Pick Up	() After 4:30 () Mail Out

Name	 	
Availability		
Document		
Examiner	 	
Updater		
Verifier	 	
Acknowledgment		<u></u>
W.P. Ventier		

Timpire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

ARTICEES OF IT	CORTORATION	
of	,	
Medic Care So	olutions Inc	· _
(name of co		<u> </u>
The undersigned subscriber(s) to these Articles of Incorporation corporation under the laws of the State of Florida.	on, natural person(s) competent to contract,	hereby form a
ARTICLE I - COR	PORATE NAME	9: 07 STATE
The name of the corporation is: Medic Care Solv	stions, Inc.	
ARTICLE II -	DURATION	x*
This corporation shall exist perpetually unless dissolved accor-	ding to Florida law.	
ARTICLE III	- PURPOSE	
The corporation is organized for the purpose of engaging in an United States and the State of Florida.	y activities or business permitted under the	laws of the
ARTICLE IV- CA	PITAL STOCK	
The corporation is authorized to issue One hundred Dollar(s) (\$ 1.00) par value Common Stock, whi	shares (100) of	
par value Common Stock, with	ch shall be designated. Common Shares.	
ARTICLE V - INITIAL REGIST	ERED OFFICE AND AGENT	
The street address of the Initial Registered Agent office and th	e name of the Initial Registered Agent at th	at office is:
NAME Marco A Conde		
ADDRESS 14545 Military Trail	# 129	
CITY Delray Beach	FLORIDA	ZIP 33484
The principal office, if known, or the mailing address of the co	prporation is:	
NAME Marco A Conde		
ADDRESS 14545 Military Trail =	# 129	
CITY Delray Beach	FLORIDA	ZIP 33484

ARTICL	E VI - İNITIAL BOARD OF DIRECTORS	
This corporation shall have One increased or diminished from time to time by of the initial director(s) of the corporation are	y the By-Laws, but shall never be less than one	ber of directors may be either (1). The names and addresses
NAME Marco A. Co	nde	
11616 00 1 +		
	STATE	zip 33484
NAME	SIAID	Zir > 5-7 8-1
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
A	ARTICLE VI I - INCORPORATORS	
		2.77
The names and addresses of the incorporator	rs signing these Articles of Incorporation are as	s follows:
NAME Marco A. Co	nde	
ADDRESS 14545 Militar		
CITY Delcan Beach	STATE	ZIP 334 84
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
IN WITNESS WHEREOF, the undersigned day of December, 2005.	subscriber(s) have executed these Articles of I	ncorporation this 25 14
	Muru- A Conde	(Seal)
		(Seal)
		(Seal)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF OS DEC 29 AM 9: 07

Medic	Care	Solutions	Fre.
	(nam	ne of corporation)	

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 14545 Military Trail # 129
Delray Beach, Florida 33484
has named Marco A. Conde
located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Meru- A Conle (registered agent)