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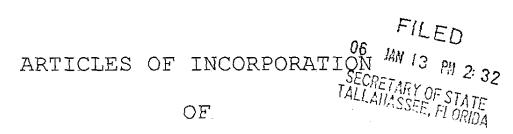
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LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-59	73
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CORPORATION NAME(S) & DOCUMI	ENT NUMBER(S), (if knowu):
COMPREHENSIVE (Corporation Name)	NURSING CARE INC.
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name) Walk in Pick up time	(Document #)
	☐ Photocopy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/OUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97) Examiner's Initials



COMPREHENSIVE NURSING CARE INC.

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:

COMPREHENSIVE NURSING CARE INC.

ARTICLE II: PRINCIPAL OFFICE

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

1238 SW 154th CT MIAMI FL. 33194

ARTICLE III: CAPITAL STOCK

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

100 SHARES OF \$5.00 EACH (\$500.00)

ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

ROBERTO RUIZ 1238 SW 154th CT MIAMI FL. 33194

ARTICLE V: INCORPORATOR(S)

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

ROBERTO RUIZ 1238 SW 154th CT MIAMI FL. 33194 TERESITA REYES RUIZ 1238 SW 154th CT MIAMI FL. 33194

ARTICLE VI: DIRECTOR(S)

The name(s) of the director (s) in this corporation is (are):

ROBERTO RUIZ - PRESIDENT 1238 SW 154th CT MIAMI FL. 33194

TERESITA REYES RUIZ - VICE PRESIDENT 1238 SW 154th CT MIAMI FL. 33194

The undersigned has (have) executed these Articles of Incorporation this 11th Days of Jan, 2006.

Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

COMPREHENSIVE NURSING CARE INC.

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

ROBERTO RUIZ 1238 SW 154th CT MIAMI FL. 33194

SIGNED (Corporate Officer)

TITLE	:	_ 	 			
DATE:			 <u> </u>			

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE?

DATE:

LING FEE: \$20.00

SIGNATURE?

AUX SEETARY OF SEETING PARTY OF SEETING PA

REGISTERED AGENT FILING FEE: \$20.00