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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**UNLIMITED CARE CENTER, INC.**

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**ARTICLES OF INCORPORATION**  
**OF**

**UNLIMITED CARE CENTER, INC.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**UNLIMITED CARE CENTER, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business of this corporation shall be:

**890 WEST 79<sup>TH</sup> PLACE  
HIALEAH, FL 33014**

**ARTICLE III NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE IV CAPITAL STOCK**

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

1000 shares  
\$1.00 par value

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address (es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected is (are):

NELSON E. GARCIA  
PRESIDENT  
890 WEST 79<sup>TH</sup> PLACE  
HYALEAH, FL 33014

**ARTICLE VI INCORPORATOR(S)**

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

NELSON E. GARCIA  
PRESIDENT  
890 WEST 79<sup>TH</sup> PLACE  
HIALEAH, FL 33014

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have)  
executed these Articles of Incorporation this 17TH day of  
JANUARY, 2006.

Signature(s) of Incorporator(s)

Nelson Garcia  
\_\_\_\_\_  
\_\_\_\_\_

**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:

UNLIMITED CARE CENTER, INC.

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

NELSON E. GARCIA 890 WEST 79<sup>TH</sup> PLACE  
(P.O. BOX NOT ACCEPTABLE)

HALEAH, FL 33014  
(CITY/STATE/ZIP)

SIGNATURE Nelson Garcia  
TITLE President  
DATE 1/17/06

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 Nelson Garcia  
DATE 1/17/06

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