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LAZARUS CORPORATE FILING SERVICE

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ORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):
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Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)



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.

<u>ARTICLE I - NAME</u>

The name of the corporation shall be:

Professional Health Care Center, Inc

ARTICLE II - PRINCIPAL OFFICE

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

1821 CORAL Way Ste 127. Hrami, FL 33155

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Yadenis Athrong. 7821 Coral Way Ste 127. Miami, FL 33187.

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:
Gadenis Achiona 17821 Coral Way Stelet
MIAMI, R 33187
The undersigned incorporator has executed these Articles of Incorporation this 23 day of January 200 4. Signature
ARTICLE VI DIRECTOR(S)
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are): Yadeni's Achiona 1821 Coral Way Stell's President. President. Scott Louis Friedberg Vice president.
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.