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DIVISION OF TURN DEATION

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

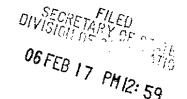
CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 Walk in Certified Copy Mail out Photocopy Certificate of Status Will wait **AMENDMENTS** NEW FILINGS **Profit** Amendment Resignation of R.A., Officer/Director ■ Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF INCORPORATION



OF

A & P SOUTH FLORIDA HEALTH, INC

ARTICLE I

THE NAME OF THE CORPORATION IS:

A & P SOUTH FLORIDA HEALTH, INC

ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OF BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND UNDER THE LAWS OF STATE OF FLORIDA.

ARTICLE III

THE AMXIMUN NUMBER OF SHARES OF CAPITAL STOCK THAT THE CORPORATION IS AUTHORIZED TO ISSUES IS 500 SHARES AT \$ 1.00 PER VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION WILL BEGIN BUSINESS IS THE SUM OF \$ 500.00

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMMEMCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IS THE PRINCIPAL OFFICE OF THE CORPORATION IN THIS STATE SHALL BE:

10240 SW 215 STREET MIAMI FLORIDA 33189

ARTICLE VII

THE NAME (S) AND STREET ADDRESS (ES) OF THE PERSON SIGNING THESE ARTICLES ARE:

ARAHI MERINO - 10240 SW 215 STREET MIAMI FLORIDA 33189

ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS
CONSISTING OF NOT LESS THAN ONE OR MORE THAN SIX DIRECTORS. THE
INICIAL BOARD OF DIRECTORS SHALL CONSIST OF ONE DIRECTOR WHOSE
NAME AND ADDRESS ARE AS FOLLOWS:

ARAHI MERINO - 10240 SW 215 STREET MIAMI FLORIDA 33189

ARTICLE IX

THE STREET ADDRESS OF INICIAL REGISTERED OFFICE AND THE NAME OF INICIAL REGISTERED AGENT AT THAT ADDRESS SHALL BE:

ARAHI MERINO - 10240 SW 215 STREET MIAMI FLORIDA 33189

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS FIFTEEN DAYS OF FEBRUARY OF 2005.

ARAHI MERINO PRESIDENT

SIGNATURE

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of The State of Florida, submits the following statement in designated the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

A & P SOUTH FLORIDA HEALTH, INC

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

ARAHI MERINO - 10240 SW 215 STREET MIAMI FLORIDA 33189

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS, OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE: FEBRUARY 15, 2005