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To

Division of Corporations

Fax Number

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255
Phone: (305)634-3694
Fax Number: (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

TRINITY CARE, INC.

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ARTICLES OF INCORPORATION

OF

TRINITY CARE, INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

TRINITY CARE, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 1298 VICTORIA DRIVE, WEST PALM BEACH, FL 33406.

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 1,000 shares common stock having an individual par value of \$1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: NALINI PHALGOO, 4381 LAKE LUCERNE CIRCLE, WEST PALM BEACH, FL 33409.

ARTICLE VII

The name and address of the officers and board of directors shall be:

PRESIDENT NALINI PHALGOO

VICE-PRES NADIA DOOKHI 4381 LAKE LUCERNE CIRCLE WEST PALM BEACH, FL 33409

4447 LAKE LUCERNE CIRCLE WEST PALM BEACH, FL 33409

ARTICLE VIII

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7TH PLACE MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 24th day of APRIL, 2006.

INCORPORATOR
Ray Stormont Signing for

Empire Corporate Kit of America, Inc.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

TRIVITY CARE, Anc

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT

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