

P06000064965

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000128083 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

FILED
06 MAY -8 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
NATIONWIDE HEALTH CARE, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

MRD 5/9

(((H06000128083)))

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

NATIONWIDE HEALTH CARE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1414 N.W. 107 AVE. SUITE 306
MIAMI FL 33172**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HEALTH CARE CENTER

ARTICLE IV SHARES

The number of shares of stock is:

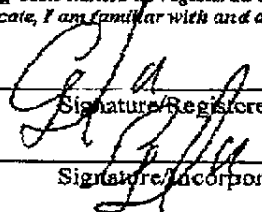
500 SHARES TO \$ 1.00 EACH

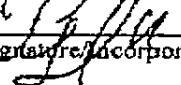
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

GIANNY RAMIREZ
1414 N.W. 107 AVE. SUITE 306
MIAMI FL , 33172**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:GIANNY RAMIREZ
1414 N.W. 107 AVE. SUITE 306
MIAMI FL, 33172**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:GIANNY RAMIREZ
1414 N.W. 107 AVE. SUITE 306
MIAMI FL, 33172

Having been named of registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

Signature/Incorporator05/08/06

Date05/08/06

DateFILED
06 MAY -8 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA