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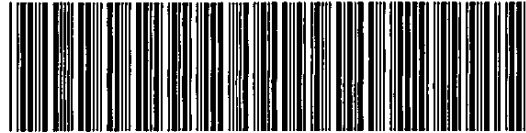
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 08 2006

1522 VISTA DEL LAGO BOULEVARD
DUNDEE, FL 33838

NOVEMBER 01, 2006

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:


RE: PARAMOUNT CARE, INC.

In regards to the above-captioned Corporation, please find enclosed the following documents:

1. Articles of Incorporation
2. Check in the amount of Seventy-Eight Dollars and Seventy-five Cents (\$78.75) made payable to Florida Dept. of State.

Please proceed accordingly. Thank you.

Sincerely,


PATRICIA WOOLCOCK
President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

PARAMOUNT CARE, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract hereby form a corporation under the laws of the State of Florida.

ARTICLE I.

NAME

The name of the Corporation shall be

PARAMOUNT CARE, INC.

The principal place of business of this corporation shall be **1522 VISTA DEL LAGO
BOULEVARD, DUNDEE, FL 33838**

ARTICLE II.

NATURE OF BUSINESS

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

ARTICLE III.

CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is **1000 shares** of common stock having **\$1 par** value per share.

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TALLAHASSEE, FLORIDA

ARTICLE IV.

ADDRESS

The street address of the initial registered office of the corporation shall be: **1522 VISTA DEL LAGO BOULEVARD, DUNDEE, FL 33838**, and the name of the registered agent is **PATRICIA WOOLCOCK**.

ARTICLE V.

TERM OF EXISTENCE

This corporation shall exist perpetually. Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class, or series as that which he already holds, shall have the right to purchase his pro rata share thereof at the price at which it is offered to others.

ARTICLE VI.

DIRECTORS

The names and post address of the members of the first Board of Directors; these said people are the subscribers of these Articles of Incorporation:

Name	Post Office Address
PATRICIA WOOLCOCK	2614 NW 47TH TERRACE LAUDERDALE LAKES, FL 33313

ARTICLE VII.

The name and post office address of each subscriber to these Articles of Incorporation, the number of shares of stock each agrees to take and the value of the consideration thereof, the proceeds of which amount to:

NAME	ADDRESS	NO. OF SHARES	VALUE
PATRICIA WOOLCOCK	2614 NW 47TH TERRACE LAUDERDALE LAKES, FL 33313	1000	\$1

IN WITNESS WHEREOF, I/We , the undersigned, being the original subscribers to the capital stock herein above named, for the purpose of forming a corporation to do business in the State of Florida, do make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, and do respectively agree to take the number of shares, herein above set forth, and hereunto set our hands seals this 1ST day of **NOVEMBER, 2006**.

SIGNED, SEALED AND DELIVERED

In the presence of:

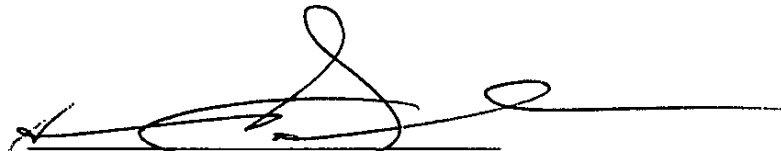

PATRICIA WOOLCOCK

STATE OF FLORIDA)


COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgements **PATRICIA WOOLCOCK**, who personally appeared to me, well known to be the person who executed the foregoing Articles of Incorporation, and they executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal this 1ST **day of NOVEMBER, 2006**, at Fort Lauderdale, Broward County.


NOTARY PUBLIC, State of Florida

My Commission Expires:

NOTARY PUBLIC-STATE OF FLORIDA
 **Howard Daniels**
Commission # DD531724
Expires: **MAY 30, 2010**
Bonded Thru Atlantic Bonding Co., Inc.

**PATRICIA WOOLCOCK, LOCATED AT 2614 NW 47TH TERRACE,
LAUDERDALE LAKES, FL 33313**

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 PROVISION 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: Bill

DATE: 11/1/2006

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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