Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146

Phone : (305)444-4994 Fax Number : (305)444-4977

FLORIDA PROFIT/NON PROFIT CORPORATION

SPECIALTY CARE, INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ECFS

ARTICLE I NAME

The name of the corporation shall be:

SPECIALTY CARE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

19800 NW 43 CT MIAMI, FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

OMAR MARTIN - PRESIDENT 19800 NW 43 CT MIAMI, FL 33143

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

OMAR MARTIN 19800 NW 43 CT MIAMI, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

OMAR MARTIN 19800 NW 43 CT MIAMI, FL 33143

Having been named as 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/Incorporator/Registered Agent

MARCH 06, 2007

Date