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. SECRETARY OF STATE TALLAHASSEE, FLORIDA

WIAMI, FL 33165 (305) 552-59	173	
	Office Use Only	
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):	
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(Corporation Name)	(Document #)	
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OTHER FILINGS	REGISTRATION/QUALIFICATION	
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CR2E031(7/97)

ARTICLES OF CORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation

ARTICLE I -NAME

The name of the corporation shall be:

EPOCRATES HOME CARE CORP.

O7 MAR I4 AM ID: 47
SECRETARY OF STATE
TALL AMASSEE ELORIDA

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

7270 NW 174 TERR # 203, HIALEAH FL 33015

<u> ARTICLE III – SHARES</u>

The number of shares of stick that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CANDIDO R BASULTO
7270 NW 174 TERR # 203, HIALEAH FL 33015

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

CANDIDO R. BASULTO 7270 NW 174 TERR # 203, HIALEAH FL 33015

The undersigned incorporator has executed these Articles of Incorporation this <u>08</u> day of MARCH, 2007.

Signature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

1- CANDIDO R. ASULTO, PRESIDENT 50 % 7270 NW 174 TERR # 203, HIALEAH FL 33015

2- NIUVYS PEREZ, VICE- PRESIDENT 50 % 7270 NW 174 TERR # 203, HIALEAH FL 33015

CERTIFICATE DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related 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 Signature

RY OF STATE SSEE, FLORIDA