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LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973 · Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 Walk in Certified Copy Mail out Will wait Certificate of Status Photocopy NEW FILINGS <u>AMENDMENTS</u> Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger ' OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Limited Partnership Fictitious Name Reinstatement Trademark Other

Examiner's Initials

FILED

ARTICLES OF INCORPORATION A 10: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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;

HEALTH CARE PLUS CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be;

7310 N.W. 174 terr Hialeah. Fl. 33015

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is; 500 shares value of \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is;

Eduardo Wilfredo Laredo 7310 N.W. 174 Terr Hialeah Fl 33015

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) if the incorporator(s) to these Article of incorporation is (are);

Eduardo Wilfredo Laredo 7310 N.W. 174 Terr. Hialeah Fl 33015

ARTICLE VI DIRECTOR(S)

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

Eduardo Wilfredo Laredo 7310 N.W. 174 Terr Hialeah Fl 33015

SIGNATURE

	dersigned incorpora pration this15		these Artic	
J.	Jacobs	 Eduardo	Wilfredo	Laredo
_81GNA	TURE			
President Treasurer	Vicepresident Secretary			
SIGNA	TURE			

CERTIFICATE OF DESIGNATON REGISTERED AGENT /

FILED

REGISTERED OFFICE.

SECRETARY OF STATE

Pursuan to the provision of sections 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida,

1 The name of the corporation is;	
HEALTH CARE PLUS CORP	
2 The name and address of the registered agent and office is	
Eduardo Wilfredo Laredo	
NAME	
7310 N.W. 174 Terr	PX
P.O. BOX NOT ACCEPTABLE	
Hialeah Fl 33015	
CITY/STATE/ZIP	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATON AT THE 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 RELATING TI THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE ABLIGATIONS OF MY POSITION AS REG

1	_		
SIGNATURE	15day of	July	,20 <u>07</u>
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