

FROM : LAZARUS
Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

INSTITUTE OF ADVANCED CARES INC

Certificate of Status	0
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ARTICLES OF INCORPORATION

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:

Institute of Advanced Cares Inc

ARTICLE II - PRINCIPAL OFFICE

The Principal place of business address shall be:

1140 West 50 Street, Suite 208
Hialeah, FL 33012

The Principal place of mailing address shall be:

1140 West 50 Street, Suite 208
Hialeah, FL 33012

ARTICLE III - PURPOSE

The purpose for which this corporation is organized to issue is:

Any and all lawful business.

ARTICLE IV - SHARES

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

100

ARTICLES V - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Joaquin Ramos
1833 Southwest 6 Street, Apartment 4
Miami, FL 33135

ARTICLE VI - INCORPORATOR

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

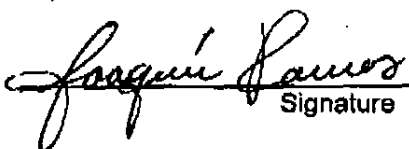
Joaquin Ramos
1833 Southwest 6 Street, Apartment 4
Miami, FL 33135

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The undersigned incorporator has executed these Articles of Incorporation this 4th day of September, 2007.


Signature

ARTICLE VII – DIRECTOR(S)

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

Joaquin Ramos
1833 Southwest 6 Street, Apartment 4
Miami, FL 33135

CERTIFICATE OF 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 duties, and I am familiar with and accept the obligations of position as Registered Agent.


Registered Agent Signature

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