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Division of Corporations

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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**VITALCARE CONNECTION, INC.**

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## **ARTICLES OF INCORPORATION**

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

### **ARTICLE I NAME**

The name of the corporation shall be ;  
VITALCARE CONNECTION, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is :  
2740 NORTHEAST 52ND CT.

LIGHTHOUSE POINT, FL 33064

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:  
1,500 COMMON SHARES PAR VALUE \$.10

### **ARTICLE V INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

Director & President

DORA J. COVA  
2740 NORTHEAST 52ND CT.  
LIGHTHOUSE POINT, FL 33064

Director & Vice-President

DEBBIE A. COVA  
2740 NORTHEAST 52ND CT.  
LIGHTHOUSE POINT, FL 33064

Secretary

CARLO U. ODESCALCHI  
2740 NORTHEAST 52ND CT.  
LIGHTHOUSE POINT, FL 33064

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Treasurer

GUILLERMO MARTINEZ  
2740 NORTHEAST 52ND CT.  
LIGHTHOUSE POINT, FL 33064

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

DORA J. COVA  
2740 NORTHEAST 52ND CT.  
LIGHTHOUSE POINT, FL 33064

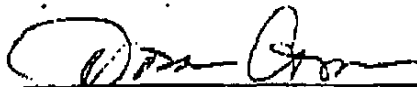
**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

DORA J. COVA  
2740 NORTHEAST 52ND CT.  
LIGHTHOUSE POINT, FL 33064

\*\*\*\*\*

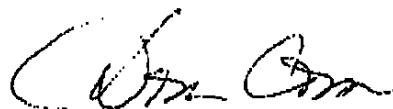
*Having been named as registered agent to accept service of process for the above corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*



DORA J. COVA/ Registered Agent

9.11.07

Date



DORA J. COVA / Incorporator

9.11.07

Date

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