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CORPORATION NAME(S) & DOCUM		
SENIOR HEALTH C.	PARE INFORMATION	_
(Corporation Name) 2. SERVICES INC	(Document #)	
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NEW FILINGS	AMENDMENTS	
Profit	☐ Amendment	
Not for Profit	Resignation of R.A., Officer/Director	
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal	
Other	Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	☐ Foreign	
☐ Fictitious Name	Limited Partnership	
	Reinstatement Trademark Other	
		
	Examiner's Initia	ls

CR2E031(7/97)

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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 Affy of STATE Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

SENIOR Health CARE INFORMATION SERVICES INC.

ARTICLE II - PRINCIPAL OFFICE

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

12455 SW 93 Ter. MIANI FL-33186

ARTICLE III - SHARES

The number of shares of stock 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:

GildA M. TORRALBAS
12455 SW 93 TER. MIAM; FL-33186

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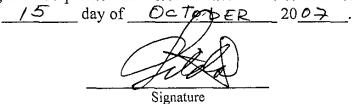
ARTICLE V - INCORPORATOR

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The name and address of the incorporator to these Articles of Incorporation is OF STATE ALLAHASSEE, FLORIDA

[JI/dA M. TORRALBAS 12455 SW 93 Ter. Miami FL-33186

The undersigned incorporator has executed these Articles of Incorporation this



ARTICLE VI- DIRECTOR (S)

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

HILDA S. SOTOLONGO - PRESIDENT GILDA M. TORRALBAS - VICE- PRESIDENT

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 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