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Division of Corporations

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Attn: Suzanne

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FLORIDA PROFIT/NON PROFIT CORPORATION

MANAGE CARE PROVIDER, INC.

Certificate of Status	0
Certified Copy	1
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January 23, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: MANAGE CARE PROVIDER, INC.
REF: W08000003706

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Suzanne Hawkes
Regulatory Specialist II
New Filing Section

FAX Aud. #: H08000017564
Letter Number: 308A00004817

ARTICLES OF INCORPORATION (((H08000017564)))
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be:

MANAGE CARE PROVIDER, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
3358 W SOUTH PORT RD
UNIT 5
KISSIMMEE, FL 34746

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is:
SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):

JUAN I. VIÑA (P/D)
3358 W SOUTH PORT RD
UNIT 5
KISSIMMEE, FL 34746

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ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

JUAN I. VIÑA
3358 W SOUTH PORT RD
UNIT 5
KISSIMMEE, FL 34746

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

JUAN I. VIÑA
3358 W SOUTH PORT RD
UNIT 5
KISSIMMEE, FL 34746

****

Having been named as registered agent to accept service of process for the above stated 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

Signature/Registered Agent — 01-22-08 Date

Signature/Incorporator — 01-22-08 Date

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