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RECEIVED
08 MAR 13 AM 10:50
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

08 MAR 17 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

W08-13532

B. McKnight MAR 18 2008

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165

305-552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SELECTIVE HEALTHCARE Corp.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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☐ Will wait

☐ Photocopy

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☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 MAR 17 AM 10:33

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

March 14, 2008

LAZARUS

SUBJECT: SELECTIVE HEALTHCARE CORP.
Ref. Number: W08000013532

We have received your document for SELECTIVE HEALTHCARE CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

Please list the president's name in article VI.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 608A00015637

ARTICLES OF INCORPORATION

OF

Selective Healthcare Corp.

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:

Selective Healthcare Corp.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 17 4H10:27

APPROVED
AND
FILED

ARTICLE II PRINCIPAL OFFICE

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

7300 SW 142 Avenue
Miami, FL 33183

ARTICLE III SHARES

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

1000 AT NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name of the initial registered agent is :

Cynthia Martinez
7300 SW 142 Avenue
Miami, FL 33183

ARTICLE V INCORPORATOR(S)

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

Cynthia Martinez
7300 SW 142 Avenue
Miami, FL 33183

ARTICLE VI OFFICER (S)

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

PRESIDENT


CYNTHIA MARTINEZ
7300 SW 142 Avenue
Miami, FL 33183

VICE-PRESIDENT

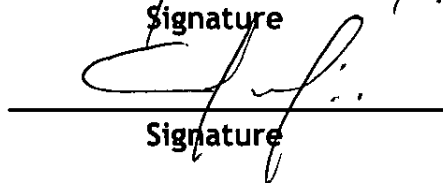
Gervasio Paredes
7300 SW 142 Avenue
Miami, FL 33183

The undersigned incorporator(s) has(have) executed these Articles of Incorporation

this 4 Day of March 2008.



Signature



Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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:

Selective Healthcare. Corp.

2. The name and address of the registered agent and office is:

Cynthia Martinez
7300 SW 142 Avenue
Miami, FL 33183

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 17 AM 10:27

APPROVED
AND
FILED

Having been named as registered agent and to accept service of process for the above stated corporation 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 to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

Cynthia Martinez
7300 SW 142 Ave.
Miami FL 33183