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Florida Department of State
Division of Corporations
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Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
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RE-SUBMIT

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FLORIDA PROFIT/NON PROFIT CORPORATION

Healthcare Technologies Corp.

Certificate of Status	0
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Page Count	023
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June 23, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: HEALTHCARE TECHNOLOGIES CORP.
REF: W08000030112

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.

Please have an individual sign on behalf of the corporation listed as the registered agent.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: E08000156004
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Healthcare Technologies Corp.

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

5722 Golden Eagle Circle
Palm Beach Gardens, Florida 33418

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Software development and IT consulting to healthcare industry

ARTICLE IV SHARES

The number of shares of stock is:

200 common shares, no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

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

C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Deborah Wilczewski, c/o Phillips Lytle LLP, 3400 HSBC Center, Buffalo, New York 14203

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

By: Canine Corporation
Signature/Registered Agent

6/19/08
Date

Deborah Wilczewski
Signature/Incorporator

6/19/08
Date

Deborah Wilczewski