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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: HEALTH PATHWAYS, INC.				
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
		.	1 1 6	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00	□ \$78.75	✓ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
	i	• •	& Certificate of	
			Status	
		ADDITIONAL COPY REQUIRED		
	, , ,			
FROM: JOEL A SHOR, CPA				
Name (Printed or typed)				
16130 RIO DEL PAZ Address				
Addiess				
DELRAY BEACH, FL 33446 City, State & Zip				
City, State & Zip				
	504 400 0500			
561.499.3500 Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

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:

HEALTH PATHWAYS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1230 HATTERAS LANE, HOLLYWOOD, FL 33019

PO BOX 223187, HOLLYWOOD, FL 33022

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): LUZ E NARANJO, PRESIDENT

PO BOX 223187 HOLLYWOOD, FL 33022

ARTICLE VI REGISTERED AGENT

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

LUZ E NARANJO 1230 HATTERAS LANE HOLLYWOOD, FL 33019

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LUZ E NARANJO 1230 HATTERAS LANE HOLLYWOOD, FL 33019

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

16/23/2008