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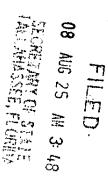
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COVER LETTER

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

SUBJECT:	MedCa	re Plus	Inc.
Enclosed are an orio	(PROPOSED CORPORA ginal and one (1) copy of the arti-		cLube suffix)
\$70.00 Filing Fee	\$78.75	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee,
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	·	Address Reference of the second of the seco	
	386 · 562 · 7719 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: MedCare Plus, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address is: 1525 Keeling Drive Deltona, Florida 32738

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provision of Rehabilitation Nursing Services

ARTICLE IV SHARES

The number of shares of stock is: 1,000 (one thousand)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Jeanne Napier 1525 Keeling Drive Deltona, FL 32738 President / Director, Secretary / Treasurer

ARTICLE VI REGISTERED AGENT

Jeanne Napier 1525 Keeling Drive Deltona, Florida 32738

ARTICLE VII INCORPORATOR

Jeanne Napier 1525 Keeling Drive Deltona, Florida 32738

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 Jeanne Napier

Signature/Incorporator