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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I200000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

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DIVISION OF CORPORATION

FLORIDA PROFIT/NON PROFIT CORPORATION

SUNSHINE HEALTHCARE MANAGEMENT, INC.

20 9/26/08

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**ARTICLES OF INCORPORATION
OF
SUNSHINE HEALTHCARE MANAGEMENT, INC.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **SUNSHINE HEALTHCARE MANAGEMENT, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **4779 Collins Ave, #808, Miami Beach FL, 33140.**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Avi J. Litwin, Esq., 4434 Sheridan Avenue, Miami Beach, FL, 33140.**

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL. 32301.**

ARTICLE VI: OFFICERS & DIRECTORS

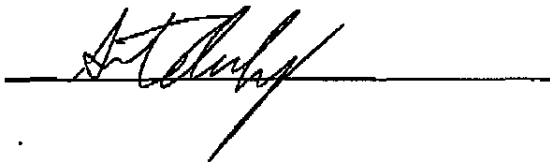
The name and address of the initial Officers and Directors of the corporation are:

Abraham Friedman, Pres/Sec, 4779 Collins Ave, #808, Miami Beach FL, 33140

Henny Friedman, VP, 4779 Collins Ave, #808, Miami Beach FL, 33140

The undersigned has executed these Articles of Incorporation this 24th day of September 2008.

"Your Capital Connection, Inc. by, Seth Neeley, Client Representative"



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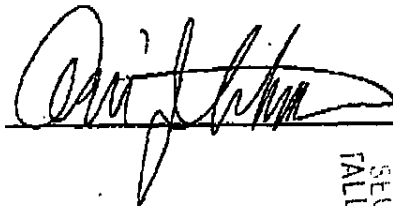
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: Sunshine Healthcare Management, Inc.

2. The name and street address of the registered agent and office is: Avi J. Litwin, Esq.
4434 Sheridan Avenue, Miami Beach, FL 33140

HAVE 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.



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