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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
NEW HEALTH SERVICES, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

EP 12/2/09

RECEIVED
09 DEC - 1 PM 1:19
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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09 DEC - 1 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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:

New Health Services, Corp.

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TALLAHASSEE, FLORIDA

ARTICLE II - PRINCIPAL OFFICE

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

2135 SW 156 Ct
Miami, FL 33185

ARTICLE III - SHARES

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

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose N. Machado
2135 SW 156 Ct
Miami, FL 33185

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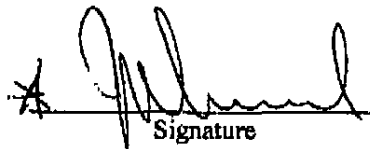
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ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Jose N. Machado
2135 SW 156 Ct
Miami, FL 33185

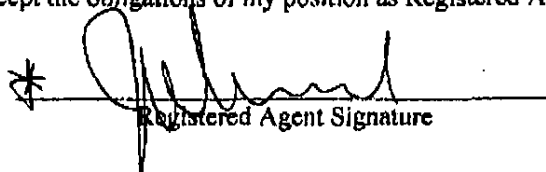
The undersigned incorporator has executed these Articles of Incorporation on this

18 day of November, 2009.
Signature**ARTICLE VI - DIRECTOR (S)**

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

Jose N. Machado - President
2135 SW 156 Ct
Miami, FL 33185**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT****/REGISTERED OFFICE**

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


Registered Agent Signature

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