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FLORIDA PROFIT/NON PROFIT CORPORATION OPTIMAL CARE CENTER, INC

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10 MAY 18 AH 11: 08

ARTICLES OF INCORPORATION LLAHASSEE FLORIDA

OPTIMAL CARE CENTER, INC

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME AND ADDRESS

The name and address of the corporation is:

NAME: OPTIMAL CARE CENTER, INC

PHYSICAL ADDRESS: 1741 E MEMORIAL BLVD LAKELAND, FL 35801
MAILING ADDRESS: 1741 E MEMORIAL BLVD LAKELAND, FL 33801

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of (One) Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

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ARTICLE V - INITIAL REGISTERED OFFICE AND AGENGRETARY OF STATE TALLAHASSEE FLORIDA

The name and street address of the Initial Registered Agent of this Corporation is:

Name:	DR. SHAM MOHAMMED	
Address:	1741 E MEMORIAL BLVD	
City:	LAKELAND, Ft. 33801	

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The name and address of the initial director(s) of the corporation are as follows:

Name:	DR. SHAM MOHAMMED, PRESIDENT	<u> </u>
Address:	1741 E MEMORIAL BLVD	
City:	LAKELAND, FL 33801	

ARTICLE VII - INCORPORATORS

The name and address of the person signing these articles of Incorporation are as follows:

Name:	DR. SHAM MOHAMMED	
Address:	1741 E MEMORIAL BIVD	
City:	LAKELAND, FL 33801	; ; i

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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

DR. SHAM MOHAMMED / Registered Agent

05/18/10

Date

DR. SHAM MOHAMMED / Incorporator

05/18/10

Date

10 MAY 18 MIII: 08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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