

P10000089291

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000239043 3)))



H100002390433ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,
 Account Number : 120000000019
 Phone : (305) 552-5973
 Fax Number : (305) 220-1440

RECEIVED
 10 NOV -2 PM 4:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
 SUPERIOR PATIENT CARE INC.**

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

RECEIVED
 20 NOV -2 PM 1:27
 DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

11/3/10

2010 NOV -2 PM 1:27

H10000239043

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:

Superior Patient Care Inc.

ARTICLE II - PRINCIPAL OFFICE

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

6781 West Flagler st
MIAMI FL 33144

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:

Yunior Lopez
225 NW 64ct
Miami FL 33126

H10000239043

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2010 NOV -2 PM 1:27

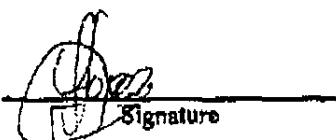
H10000239043

ARTICLE V - INCORPORATOR

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

Yunior Lopez
225 NW 64ct
Miami FL 33126

The undersigned incorporator has executed these Articles of Incorporation this
____ day of _____ 20____.



Signature

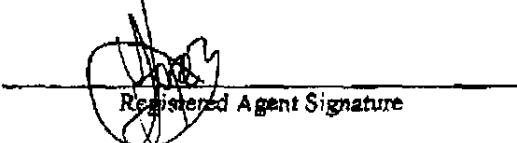
ARTICLE VI- DIRECTOR (S)

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

Yunior Lopez (P)
Anielka Mayorga (D)

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

H10000239043