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(Re	equestor's Name)	
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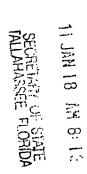
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## **LAZARUS**

### **CORPORATE FILING SERVICE**

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

and the second s		Office Use Only
RPORATION NAME(S) & DOCUM	ENT NUMBER(S), (i	f known):
D.R. Health	SERVICES	5, INC.
(Corporation Name)	(Document #)	, , , , , , , , , , , , , , , , , , , ,
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(Corporation Name)	(Document #)	S.
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Walk in Pick up time 2	<u>,d</u>	Certified Copy
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Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of Change of Regi Dissolution/Wi Merger	R.A., Officer/Director stered Agent
OTHER FILINGS	REGISTRATION/	OUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark	
; , ,	U Other	·
		Examiner's Initials
27F031/7/07)		

#### **ARTICLES OF INCORPORATION**

The undersigned incorporates, 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:

D.R. Health Services, Inc.

#### ARTICLE II – PRINCIPAL OFFICE

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

860 SW 129 PL. Apt. 104 Miami, FL. 33184

#### ARTICLE III – SHARES

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

#### ONE HUNDRED SHARES AT \$1.00 PER VALUE

#### ARTICLE IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dianelys Rodriguez Fonte 860 SW 129 PL. Apt. 104 Miami, FL. 33184

#### ARTICLE V - INCORPORATOR

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

Dianelys Rodriguez Fonte 860 SW 129 PL. Apt. 104 Miami, FL. 33184

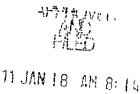
The undersigned incorporator has executed these Articles of Incorporation this 12th day of January 2011.

Signature

#### ARTICLE VI – DIRECTOR(S)

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

PRESIDENTDianelys R. FonteSECRETARYDianelys R. FonteVICE-PRESIDENTDianelys R. FonteTREASURERDianelys R. Fonte



## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Dianelys Rodriguez Fonte 860 SW 129 PL. Apt. 104 Miami, FL. 33184 SECRETARI OF STATE TALLAHASSEE FLORIDA

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 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 obligation of my position as Registered Agent.

Signature

Witness my hand and official seal at Hialeah, Miami-Dade County, Florida this 12<sup>th</sup> day of January 2011.

Notary Public, State of Florida

Seal:

DANIEL BORGES
MY COMMISSION #DD781394
EXPIRES: MAY 20, 2012
Bonded through 1st State Insurance