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SECRETAN SOF STATE
DIVISION OF CORPORATION:

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May 24, 2011

Department of State New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Integrated Care Center Inc.

Dear Sir or Madam:

Please find the articles of incorporation, a check and a letter of association for the filing for Integrated Care Center Inc.

The incorporator and filing agent is:

Phillip Rowe Jones 1109 Munster Street Orlando, Fl 32803 321-229-6228 rowe@rowejones.com

Thank you for your assistance.

Sincerely

Phillip Rowe Jones

2011 MAY 26 AM 10: 44



May 24, 2011

Florida Department of State Division of Corporations

Re: Integrated Care Center Association

Dear Sir or Madam:

This letter is to act as a letter of association in reference to the enclosed articles of incorporation for Integrated Care Center. The previous LLC filing and this filing have been and are being submitted by the same parties for the same organization.

The officers for both companies are Phillip Rowe Jones and Tracy M. Zboril

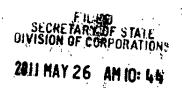
If there are any questions please call 321-229-6228.

Sincerely

Phillip Rowe Jones

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)



ARTICLE I NAME

The name of the corporation shall be: Integrated Care Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1109 Munster Street, Orlando, FL 32803

Mailing address, if different is: SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Phillip Rowe Jones, Director Address: 1109 Munster Street, Orlando, FL 32803

Name and Title: Tracy M. Zboril, Director

Address: 945 Lakeview Drive, Winter Park, FL 32789

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered

agent is:

Name: Phillip Rowe Jones

Address: 1109 Munster Street, Orlando, FL 32803

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Phillip Rowe Jones

Address: 1109 Munster Street, Orlando, FL 32803

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

Requi	red Sig nat u	re/Regist	tered	
Agent	1/	ULDA	KDY	
Date	5.2	4. 11	<u> </u>	

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date 5.24.11

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