Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION MULTI HEALTH SOLUTIONS GROUP INC

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#1624 APPROVED

ARTICLES OF INCORPORATION

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

15 APR -9 AM 10: 59

NAME: The name of the corporation is: ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 139 TER WALL FE SHARES: The number of shares of stock is: INITIAL DIRECTORS AND/OR OFFICERS: **ARTICLE IV** INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: Miami INCORPORATOR: The name and address of the Incorporator is: 02/18/2033 05:43

APPROVEL #1624 P. 003/003 FILED H 1 5 0 0 0 0 8 / 9 1 1

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Required Signatures:

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

Registered Agent

74-09-15 Date

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.

Date