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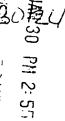
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FLORIDA PROFIT/NON PROFIT CORPORATION HG FAMILY HEALTH CARE INC

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ARTICLE I NAME

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ARTICLES OF INCORPORATION

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

ARTIC The nar	The name of the corporation shall be: HG FAMILY HEALTH CARE INC					
	Principal street address 2640 S UNIVERSITY DR, APT 225 DAVIE, FL 33328	2640	Mailing address, if different is: 2640 S UNIVERSITY DR, APT 225 DAVIE, FL 33328			
ARTIC The pu	LE III PURPOSE pose for which the corporation is organized is:		ALL LAWFUL BUSINESS.			
ARTIC The our	LEIV SHARES nber of shares of stock is: 100)				
ARTIC Name and Title:	<i>LE VINITIAL OFFICERS AND/OR DIRE</i> GONZALEZ GARCIA, HECTOR /		REYES MASSUET, KRISSY / S.T.			
Address	2640 S UNIVERSITY DR, APT 22 DAVIE, FL 33328	Address:	2640 S UNIVERSITY DR, APT 225 DAVIE, FL 33328			
 Name and Title:			<u> </u>			
Address		Address:	2024 JANI TALLAGET			
Name and Title: Address		Name and Title:Address:	0 F			
-						

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ne and Title:		Name and Title:	
dress		Address:	
		·	
The name and F	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable) o GONZALEZ GARCIA, HECTOR	f the registered agent is:	
Name: _	2640 S UNIVERSITY DR, APT 225		1 2
Address: _	DAVIE, FL 33328		9024 J SECI ALL!
<u>ARTICLE VII</u>	INCORPORATOR		JOZ4 JAN 30 P SECRETA: SECRETAS SECRETA
The name and ac	idress of the Incorporator is:		-r ⁻¹¹ <u>-T</u>
Name:	GONZALEZ GARCIA, HECTOR		1 2: 57 E CATE LO RIO,
Address:	2640 S UNIVERSITY DR, APT 225	· 	·
	DAVIE, FL 33328		
Effective de (If an effectilling.) Note: If the	tive date inserted in this block does not meet the applint's effective date on the Department of State's rec	icable statutory filing requireme	s prior or 90 days after the
Having hee. certificate	n named as registered agent to accept service of pro- am familiar with and accept the appointment as re		
-7/	Required Signature/Registered Agen	t	Date
	is document and affirm that the facts stated hereing the Department of State constitutes a third degree		
	Required Signature/Incorporator		Date