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ACCOUNT NO. : 072100000032

REFERENCE: 535485 81137A

AUTHORIZATION :

COST LIMIT: \$ 122.50

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DIVISION OF CORPORATION

ORDER DATE: February 2, 1995

ORDER TIME : 9:41 AM

ORDER NO. : 535485

CUSTOMER NO: 81137A

CUSTOMEP Ms. Blanca Meneses

ZUCKERMAN SPAEDER TAYLOR &

EVANS

Suite 900 Miami Center

201 South Biscayne Boulevard

Miami, FL 33131

DOMESTIC FILING

NAME:

PAMPERED PATIENTS, INC.

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP	<b>EB-2</b>
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	1 E D
XX CERTIFIED COPY	1: 2; A 1'E RIOA
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	7

CONTACT PERSON: Lori R. Dunlap

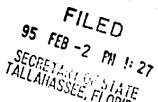
EXAMINER'S INITIALS:

2-2-95 00/A

# ARTICLES OF INCORPORATION

OF

PAMPERED PATIENTS, INC.



The undersigned, acting as incorporator of a corporation under the Florida Business Corporation Act, adopts the following Articles of Incorporation for such corporation:

# ARTICLE I

The name of the corporation is:

PAMPERED PATIENTS, INC.

# ARTICLE II

The mailing address of the corporation is:

c/o Zuckerman, Spaeder, Taylor & Evans 201 South Biscayne Boulevard, Suite 900 Miami, Florida 33131

The address of the principal office is not known as of the date hereof.

# ARTICLE III

The duration of this corporation is to be perpetual.

## ARTICLE IV

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

## ARTICLE V

The corporation shall have authority to issue 1,000 shares, all of one class, without par value.

#### ARTICLE VI

The address of the initial registered office is 201 South Biscayne Boulevard, Suite 900, Miami, Florida 33131. The name of the corporation's registered agent at such address is MICHAEL STEVEN GREENE, who upon accepting this designation agrees to comply with the provisions of Section 48.091, Florida Statutes, as amended from time to time, with respect to keeping an office open for service of process. The certificate and written acceptance with resect to the registered office and registered agent appears at the conclusion of these Articles.

## ARTICLE VII

The number of directors constituting the Board of Directors shall be fixed as provided by the by-laws, but shall not be fixed at less than one.

## ARTICLE VIII

The number of directors constituting the initial board of directors is one, whose name and address is:

MICHAEL STEVEN GREENE 201 South Biscayne Boulevard Suite 900 Miami, Florida 33131

# ARTICLE IX

The name and address of the Incorporator is MICHAEL STEVEN GREENE, 201 South Biscayne Boulevard, Suite 900, Miami, Florida 33131.

# ARTICLE X

This corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law.

## ARTICLE XI

These Articles of Incorporation may be amended in the manner authorizer ' law at the time of amendment.

IN WITNESS WHEREOF, I, MICHAEL STEVEN GREENE, being the Incorporator of this corporation, make and five these Articles of Incorporation this 1st day of February, 1995.

MICHAEL STEVEN GREENE, INCORPORATOR

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, AND NAME ACENT UPON WHOM PROCESS HAY BE SERVED.

PAMPERED PATIENTS, INC., IN COMPLIANCE WITH SECTION 48.091, AND CHAPTER 607, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

PAMPERED PATIENTS, INC., DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, HAS NAMED MICHAEL STEVEN GREENE, AN INDIVIDUAL WHO RESIDES IN THE STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA. MICHAEL STEVEN GREENE'S BUSINESS OFFICE IS IDENTICAL WITH THE REGISTERED OFFICE HEREUNDER FOR SERVICE OF PROCESS, AS FOLLOWS:

REGISTERED OFFICE AND REGISTERED AGENT:
MICHAEL STEVEN GREENE
201 SOUTH BISCAYNE BOULEVARD, SUITE 900
MIAMI, FLORIDA 33131

MICHAEL STEVEN GREENE, INCORPCKATOR.

# WRITTEN ACCEPTANCE BY AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED COPPORATION, AT THE REGISTERED OFFICE DESIGNATED IN THE CERTIFICATS SET FORTH ABOVE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND FURTHER STATE THAT I AM FAMILIAR WITH AND ACCEPT AND AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATULES RELATIVE TO THE PROPER AND COMPLETE PLRFORMANCE OF MY DUTIES AND THIS POSITION, INCLUDING THE PROVISIONS OF SECTION 48.091, FLORIDA STATUTES.

MICHAEL STEVEN GREENE, AS REGISTERED AGENT FOR PAMPERED PATIENTS, INC.

STATE OF FLORIDA

COUNTY OF DADE

)

SS:

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_\_day of February

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

[NOTARIAL SEAL] 6194.001\misc\pampered.inc

BLANCA R MENESES

My Comm Exp. 3/16/97

Bunded By Service Ins

No. 00266889

Alternation 1100 La