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(City, State, Zip) (Phone #)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Lighthouse Health Care, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☒ Mail out ☐ Will wait ☒ Photocopy ☐ Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 MAY -8 PM 4:34
 5/10

May. 03 1995 1109PM P03

ARTICLES OF INCORPORATION

The undersigned incorporator(s), 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:

Lighthouse Health Care, Inc.

ARTICLE II. PRINCIPAL OFFICE

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

20802 Biscayne Boulevard
Suite A
Miami, Florida 33180

ARTICLE III. SHARES

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

100 @ .10 a share

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

The Law Office of Peter A. Barone
5403 N.W. 199th Terrace
Miami, Florida 33055

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ARTICLE V INCORPORATION(S)

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

President - Mike Limond - 20002 Dincayne Boulevard, Ste.A, Miami, FL 3318

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26th day of April, 1995.

Michael J. Limond
Signature

Signature

Signature

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**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 007.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Lighthouse Health Care, Inc.

2. The name and address of the registered agent and office is:

The Law Office of Peter A. Barone
(Name)

5403 N.W. 199th Terrace
(P.O. Box not acceptable)

Miami, Florida 33055
(City/State/Zip)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Peter A. Barone
(Signature)

05-1-95