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Florida Department of
State, Bureau of
Incorporations
101 East Gainesville
Tallahassee, Florida 32399

SECRET
SINCE 1973
TALLAHASSEE, FLORIDA

RECEIVED - 1994

Florida Department of State
Division of Corporations
FD-100 (6-92)
Tallahassee, Florida 32399

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05/15/96-01000-014
****122.50 ****122.50

Attn: Secretary Corporation

Re: BEST HEALTH CARE, INC.

Dear Sir/Madam:

Enclosed herewith, please find the required on the above referenced corporation's Articles of Incorporation. Please file same and return copy thereto stamped "Filed" and one (1) certificate under seal to the undersigned.

A check for the sum in the amount of \$122.50 to cover the following fees:

Filing fees	\$30.00
Certified copy of seal	10.50
Registered agent documentation	10.00
TOTAL	\$122.50

Thanking you for your anticipated cooperation and assistance, we are:

Very truly yours,



Teresa Garcia
Editor

ARTICLES OF INCORPORATION
OF
DUST HEALTH CARE, INC.

ARTICLE I. CORPORATE NAME

The name of this corporation is DUST HEALTH CARE, INC.

ARTICLE II. NATURE OF BUSINESS AND POWERS

The general nature of the powers to be granted to the corporation is to engage in and carry on the business described in the State of Florida as follows:

ARTICLE III. CAPITAL STOCK

The incorporation will issue one class of stock, which will be additional for the sum and have a par value of one thousand (\$1,000) dollars or its equivalent in one hundred dollar par shares.

ARTICLE IV. TERM OF EXISTENCE

The term of the stock shall have perpetual existence commencing from the date of these articles.

ARTICLE V. REGISTERED AGENT AND INITIAL PRINCIPAL OFFICE

The Registered Agent and the street address of the initial Principal Office of this Corporation in the State of Florida shall be:

Teresa Garcia
7025 W. 2nd Way
Hialeah, Florida 33012

The Board of Directors from time to time may move the Registered Office to any other address in the State of Florida.

ARTICLE VI. BOARD OF DIRECTORS

This Corporation shall have one director initially. The Director and the number of directors may be increased or diminished from time to time by By-Laws adopted by the stockholders, but shall never be less than one.

ARTICLE VII. INITIAL DIRECTORS

The name and address of the member of the initial Board of Directors are as follows:

NAME	ADDRESS
Teresa Garcia President/Treasurer	7025 W. 2nd Way Hialeah, Florida 33014

The person named as initial director shall hold office for the term of one year or existence of this Corporation or until his successor is elected or appointed and have qualified, whichever occurs first.

ARTICLES VIII. INCORPORATOR

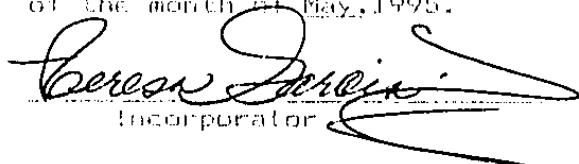
The name and street address of the persons signing these Articles of Incorporation as Incorporator are:

NAME	ADDRESS
Teresa Garcia	7025 W. 2nd Way Hialeah, Florida 33014

ARTICLE IX. AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholder's meeting by at least a majority of the stock entitled to vote, unless all of the directors and all of the stockholders sign a written statement manifesting their intention that no amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned, as incorporator, have executed the foregoing Articles of Incorporation on the 8th day of the month of May, 1995.



Teresa Garcia
Incorporator

COURT OF APPEALS

COUNTY OF DADE -)

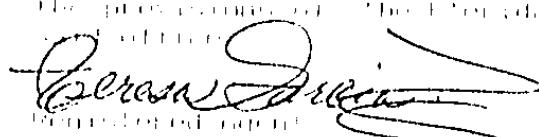
Before me, the undersigned authority, personally appeared, **Teresa Gardia**, to me well known, whom I acknowledged that he signed the foregoing Articles of Incorporation for **BEST HEALTH CARE, INC.** and acknowledged before me that he subscribed to these Articles of Incorporation on the 01st day of the month of May, 1995.

Maryly Public Notary PTA,
at Tampa

My Commission Expires on:

NOTARIAL PUBLICITY

To: TERESA GARCIA, with address: 2025 W. 2nd Street, Ft. Lauderdale, Florida 33311, attorney at law, my client, to whom I have given power of attorney for BEST HEALTH CARE, INC., to make applications and consent to medical treatment on my behalf, and to sign documents in my name, with the prior knowledge of the facts, to be done in my absence, and to do all other acts necessary to carry out the purpose of the power of attorney.


Teresa Garcia
Notarized copy

I, Notary Public, do hereby certify that the under-signed Notary Public, for the State of Florida, on the thirteenth day of the month of May, 1976, in the State of Florida, County of Dade,

Notary Public Seal of the
State of Florida

My Commission Expires on: