P95000039672

TRANSMITTAL LETTER

FROM:

500001433135 -05/18/35--010/2--003 -+****70.00 *****70.00

Name of corporation: STANDARD HEALTHCARE INVESTMENT, INC.

Street address of the corporation 1011 IVES DAIRY ROAD, SUITE 210

City NORTH MIAMI BEACH State FLORIDA Zip 33179

DEAR CORPORATIONS DIVISION:

500001493135 -05/18/95--01022--010 *****52.50

Please find enclosed:

- 1. An original Articles of Incorporation and one copy for the above named corporation.
- 2. A certified check or money order in the amount of \$ 70-cc for filling fees.

A CERTIFIED COPY is _____ is not _____ requested.

If a certified copy is requested, the additional fee in the amount of \$ 52.00 is enclosed.

Q. PETER MAY 1 9 1995

Please send responses or receipts concerning this filing to the above address.

Thank you very much.

Incorporator

(305)620-2450

Telephone Number

SECRETARY OF STATE

ARTICLE OF INCORPORATION

of

STANDARD HEALTHCARE INVESTMENT, INC.

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of Incorporation for the purpose of forming a for-profit corporation

Article 1. The name of the corporation is:

STANDARD HEALTHCARE INVESTMENT, INC.

Article 2. The principal place of business and mailing address of this corporation is:

1011 IVES DAIRY ROAD, SUITE 210, N. MIAMI BEACH, FL 33179

Article 3. The corporation is authorized to issue one class of stock, that stock being 1000 shares of \$1.00 par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

Article 4. The name and address of the corporation's initial registered agent is:

Tony Chinye, CPA, 1011 Ives Dairy Road, Suite 210, N Miami Beach, FL 33179

Article 5. The name and address of the incorporator of this corporation is:

IKECHUKWU CHINYE 6115 NW 186 STR. #206, MIAMI LAKES, FL 33015

Article 6. No Director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the foregoing Article of Incorporation are true, and that the incorporator is at least eighteen years of

Signature of Incomporator

Name of Incorporator

CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida. submits the following statement in designating the registered office and registered agent, in the State of Florida.

1. The name and address of the corporation's registered agent and registered office is:

TONY CHINYE. CPA

Name

1011 Ives Dairy Road, Stc. 210, Street address

North Miami Beach, Florida 33179 City/State/Zip

Having been named as the 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.

Signature of Registered Agent

Date of Signature