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OFFI(

Burke Neutech

11701 S. Belcher Road, Suite 119
Largo, Florida 34643-5117

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OFFICE USE ONLY

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

1. ______________________ (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

95 MAY 18 AM 10:05

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NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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

OTHER FILNGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Robert Burke GAVE
AUTHORIZATION BY PHONE TO
CORRECT Name + R.A. Acceptance
DATE 5/16 + 5/19
DOC. EXAM SMS

Examiner's Initials SMS 5/19/95

CR2E031(9/92)

FILED

95 MAY 18 AM 10: 06

ARTICLES OF INCORPORATION

OF

NEUCARE LIMITED, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be: NEUCARE LIMITED, INC. The address of the principal office of this corporation shall be 11701 South Belcher Road, Suite 119, Largo Florida 34643, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 50,000,000 shares of common stock having no par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 11701 South Belcher road, Suite 119, Largo, Florida 34643, and the name of the initial registered agent of the corporation at that address is Robert E. Burke.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subje ' to any liitation set forth in these Articles of incorporation. The corporation shall have two Directors, initially. The names and addresses of the initial members of the Board of Directors are:

Robert E. Burke Director	11701 South Belcher Road Suite 119 Largo, Florida 34643
Kevin O. Dean Director	

May 9, 1995

By: [signature]

Robert E. Burke, Incorporator & ACCEPTING DESIGNATION AS REGISTERED AGENT

DOCUMENT # P95000039735

1. Corporation Name
Neucare Limited, Inc.

APPROVED AND FILED
96 SEP 13 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1765 Commerce Ave. N. St. Petersburg, Florida 33716	SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/18/1995

5. FEI Number: 59-3320941 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED XXX — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
C/D	Burke, Robert, E.	424 22nd Street	Bellair Beach, Fl. 34634
D	Dean, Kevin O.	9988 Lake Seminole Dr. W.	Largo, Fl. 34643
S/T/D	Love, Leonard L.	1436 Stroud Court	New Port Richey, Fl. 34655
D	Metzger, Frederick W.	6625 George Washington Way	Naples, Fl. 33863
D	Visser, Meindert W.	870 Bald Eagle Dr.	Marco Island, Fl. 33937
P	Budenstein, I. Robert	8602 W. Gulf Blvd.	Treasure Island, Fl. 33706

8. Name and Address of Current Registered Agent

Dean, Kevin O.
9988 Lake Seminole Dr. W.
Largo, Florida 34643

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc

City — State FL — Zip Code

REINSTATEMENT

9-13-96

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent ______ REGISTERED AGENT MUST SIGN

Date 09/12/1996

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****383.75 ****383.75

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No XXX

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Leonard L. Love — Leonard L. Love — 09/12/1996 — (813)570-4155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #