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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FROM: FAS-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

409 EAST GAINES STREET

MIAMI FL 33166-

TALLAHASSEE, FL 32399

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: ALL-ACTIVE CARE, INC.

FAX AUDIT NUMBER: H96000000043

CURRENT STATUS: REQUESTED

DATE REQUESTED: 01/02/1996

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TALLAHASSEE, FLORIDA


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DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

OF

ALL-ACTIVE CARE, INC.

FILED
95 JUN -2 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: ALL-ACTIVE CARE, INC.

The principal place of business of this corporation shall be: 1421 S.W. 8th St., Suite 4B
Miami, Fl 33135

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact 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 aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 Shares \$ 1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

President:	Zoila R. Lopez	1421 S.W. 8 St. Miami, Fl 33135
Treasurer:	Raul Camacho	1421 S.W. 8 St. Miami, Fl 33135

Prepared by: Raul Camacho
1421 SW 8 St., Suite 4B
Miami, Fl 33135
(305) 227-9798

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ARTICLE VI INCORPORATOR(S)


The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Raul Camacho

1421 SW 8th St. Suite 4B Miami, FL 33135

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 2nd day of January, 1996

Signature(s) of Incorporator(s)



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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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: ALL-ACTIVE CARE, INC.

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

Zoila R. Lopez
(P.O. BOX NOT ACCEPTABLE)
1421 SW 8th St. Suite 4B Miami, FL 33135
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE 
(corporate officer)

TITLE Treasurer

DATE 1/2/96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE 1/2/96

REGISTERED AGENT FILING FEE:

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