200000163951612 -01/24/95--01010--006 *****70.00 *****70.00 Address Stato Phona CORPORATION(S) NAME () Profit () NonProfit () Amendment () Merger () Foreign () Dissolution/Withdrawal () Mark () Limited Partnership () Reinstatement () Annual Report () Other () Reservation () Change of R.A. () Certified Copy () Photo Coples () CUS () Call When Ready () Call if Problem () Will Wait () After 4:30 () Pick Up () Walk In () Mail Out Name Avallability Document Examiner Updater Verilier Acknowledgment

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ARTICLES OF INCORPORATION

96 JAN 24 PM 1:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I

THE NAME OF THIS CORPORATION IS HEALTH OPTIONS OF NIAMI, INC. and the mailing address is 1344 W. 44 St. Hialeah, Fl. 33012

ARTICLE II DURATION

This corporation shall have a perpetual existence, unless dissolved according to law.

ARTICLE III PURPOSE

This corporation is organized for the purpose of transacting any or all business for which corporation may be incorporated under the Florida General Corporation Act.

ARTICLE IV

This corporation is authorized to issue One Thousand (1,000) shares of One Dollar (1.00) par value common stock, which shall be designated "COMMON SHARES."

ARTICLE V

INITIAL REGISTERED OFFICE & AGENT

The street address of the initial registered office of this corporation is 1344 W. 44 St. Hialeah, Fl. 33012, and the name of the initial registered agent of this corporation at that address is Antonia O. Rodriguez

ARTICLE VI INITIAL BOARD OF DIRECTOR(S)

This corporation shall have (2) (two) Director(s) initially. The number of Director(s) may be either increased or decreased from time to time by the By-Laws, but shall never be less than one. The name(s) and address(es) of the initial Director(s) of this corporation is/are:

Antonia O. Rodriguez 1344 W. 44 St. Hialeah, Fl. 33012

Sol Nelson 1344 W. 44 St. Hialeah, Fl. 33012

ARTICLE VII INDEMNIFICATION

To the full extent permitted by law, the corporation shall indemnify each person made or threatened to be made a party to any threatened, pending or completed action, suit, or proceeding, whether civil, criminal, administrative or investigative (including, one in the right of the corporation to procure a judgment in its favor) by reason of the fact that her or his testator or intestate, is or was a director, officer, employee or agent of the corporation or served any other corporation, partnership, joint venture, trust, or other enterprise in any capacity, at the request of the corporation.

ARTICLE VIII OFFICERS

The officers of this corporation shall be as follows:

Antonia O. Rodriguez President & Treasurer

Sol Nelson Vice President & Secretary

ARTICLE IX

INCORPORATOR (S)

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

Antonia O. Rodriguez 1344 W. 44 St. Hialeah, Fl. 33012

Sol Nelson

1344 W. 44 St. Hialeah, Fl. 33012

The undersigned incorporator(s) has/have executed these Articles of Incorporation on this January 19th, 1996

Sol Lino Melson

STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME, notary public authorized to take acknowledgments in the state and county set forth above personally appeared Antonia O. Rodriguez known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he/she acknowledged before me that he/she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid this January 19th, 1996

My commission expires:





CERTIFICATE DESIGNAING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091 Florida Status, the following is submitted, in compliance with said Act:

First -- That HEALTH OPTIONS OF MIAMI, INC.

is desiring to organize under the laws of the State of Florida with

its principal office at 1344 W. 44 St. Hialeah, Fl. 33012, has

named Antonia O. Rodriguez located at 1344 W. 44 St. Hialeah, Fl.

33012, as its agent to accept service of process within this state.

Having been named to accept service of process of the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By:

Antonia, & Parting

SECRETARY OF STATE