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FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: JONATA MEDICAL CARE, INC.
2610 WEST 76 STREET, SUITE
HIALEAH FL 33016- -3449
CONTACT: ROLANDO TRUJILLO
PHONE: (305) 541-0790
FAX: (305) 541-4015

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: JONATA MEDICAL CARE, INC.
FAX AUDIT NUMBER: H96000005723
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ARTICLES OF INCORPORATION

OF

JONATA MEDICAL CARE, INC.

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

ARTICLE I NAME

The name of the corporation shall be: JONATA MEDICAL CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2610 West 76 Street, Suite 202
Hialeah, FL 33016

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 Shares of Common Stock, $1.00 Par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:
Natalia Varela
2610 West 76 Street, Suite 202
Hialeah, FL 33016

Prepared by: Natalia Varela
2610 W. 76 St. #2
Hialeah, FL 33016
Tel: (305) 541-8310

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ARTICLE V INCORPORATOR(S)

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

Natalia Varela, PRESIDENT
2610 West 76 Street, Suite 202
Hialeah, FL 33016

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10 day of April, 19 96.

x Natalia Varela
Signature PRESIDENT

Signature

Signature

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CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: JONATA MEDICAL CARE, INC.

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

Natalia Varela
(Name)

2610 West 76 Street, Suite 202
(P.O. Box not acceptable)

Hialeah, FL 33016
(City/State/Zip)

Having been named as 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.

Natalia Varela
(Signature) REGISTERED AGENT

April 10, 1996

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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