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TALLARIAS LA LURIDA

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	C & R MEDICAL	SERVICES RESPON	ISE, INC.	
500000	(Propos	ed corporate name- n	oust include suffix)	
Enclosed is	an original and one (t) copy of the article	s of incorporation and a	check for:
(x) \$70.0	0 ()\$78.75	() \$122.50	()\$131,25	300001939103 -09/04/9601176003 ******70.00 *****70.00
FRC		SUASTEGUI		
	291 WES	Name (printed or F PARK DRIVE, UN		
	MIAMI, F	Address L 33172		
	(305) 221-2	City, State & Zip		

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone Number

OHI Klo

ARTICLES OF INCORPORATION

SSSTP-3 PH 2012

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:

C & R MEDICAL SERVICES RESPONSE, INC.

ARTICLE II PRINCIPLE OFFICE

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

291 WEST PARK DRIVE, UNIT-204, MIAMI, FL 33172

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 SHARES IRC SECT. 1244 SMALL BUSINESS STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CAMILO SUASTEQUI 291 WEST PARK DRIVE, UNIT-204 MIAMI, FL. 33172

ARTICLE V INCORPORATOR(S)

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

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

CAMILO SUASTEGUI and,

REINA SUASTEGUI

NINETEEN

291 WEST PARK DRIVE, UNIT-204 MIAMI, FL 33172

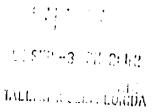
AUGUST day of ______, 1996.

Camilo Bone Duckly in
Signature
D ' -1 A 0462A
Leica II. Schalozui.
Signature

Articles of Incorporation Filing Fee- \$35

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Signature



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.

	(P.O. Box not acceptable) MIAMI, FL 33172
	291 WEST PARK DRIVE, UNITE-204
2. The name and address of the r	egistered agent and office is: CAMILO SUASTEGUI
I. The name of the corporation is	C & R MEDICAL SERVICES RESPONSE, INC.

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.

(Signature)

Bina U Guartzui