**CORPORATE ACCESS, INC.**

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666 . Fax (904) 222-1666

**WALK IN**

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1.) Horizon Healthcare, Inc.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

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10.) _____
(CORPORATE NAME & DOCUMENT #)

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SPECIAL INSTRUCTIONS _____

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12/27

**ARTICLES OF INCORPORATION**
**OF**

**Horizon Healthcare. Inc.**

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

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**ARTICLE I NAME**

The name of the corporation shall be: **Horizon Healthcare, Inc.**

The principle place of business shall be: 4471 NW 36 Street
Suite # 233
Miami Springs, Fl 33166

**ARTICLE II NATURE OF BUSINESS**

The 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 CAPITOL STOCK**

The aggregate number of shares of stock and its value shall that this corporation is authorized to have outstanding at any time is: 1000 Shares, $1.00 Par Value

**ARTICLE IV TERM OF EXISTENCE**

The corporation is to exist perpetually :

**ARTICLE V OFFICERS DIRECTORS**

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

Manuel Martinez
4471 NW 36 Street
Suite # 233
Miami Springs, Fl 33166

Prepared by: Manuel Martinez
4471 NW 36 Street
Suite # 233
Miami Springs, Fl 33166

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of incorportion is(are):
Manuel Martinez
4471 NW 36 Street
Suite # 233
Miami Springs, Fl 33166

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 26 dayof DECEMBER ,19 96 .

Signature(s) of Incorporator(s)

Manuel Martinez

_____

_____

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officer.**

## CERTIFICATE OF DESIGNATION OF REGISISTERED AGENT/REGISTERED OFFICE

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Horizon Healthcare, Inc.

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

Manuel Martinez
(Name)

4471 NW 36 Street, Suite # 233
(P.O. Box or Mail Drop Box NOT Acceptable)

Miami Springs, 33166
(City/State/Zip)

Manuel Martinez
*(Signature Corporate Officer)*

PRESIDENT/RIGHT
*(Title)*

12/26/96
*(Date)*