97 OCT -7 PH 1: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

****122.50

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

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SUBJECT:	PERSONALIZED (Proposed co			- 295			
		ę	500002314 -10/07/970 ****122.50	1080012 ****122.5			
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :							
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate				
		ADDITIONAL CO	OPY REQUIRED				
FROM:	MARY ANN Name (Pr	FORTE		l			
	6278 N. FEDERAL HWY SUITE 395 Address						
FT. LAUDERDALE FL33368 City, State & Zip							
954-786-5375 Daytime Telephone number							
		, P	Hall BC1 - \$ 199	1			

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

FILED

ARTICLES OF INCORPORATION

97 OCT -7 PM 1: 02

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

SECRETARY OF STATE TALLAMASSEE, FLORIDA

ARTICLE	T	NAME
ARIICLE	i	IAVIATE

The name of the corporation shall be:

PERSONALIZED CARE MARKETING INC.

ARTICLE	II	PRINCIPAL	OFFICE

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

6278 N. FEDERAL HWY. SUITE 395

CT. LAUDERDALE FL. 32308

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MARY ANN FORTE

BILSE 5 AVE POMPAND BEACH FL 33060

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MARY ANN FORTE / SEC.

311 SE 5 AVE

PSMPANO BRACH FL 33060

Joste Sec. 10-1-97

(An additional article must be added if an effective date is requested.)

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/Registered Agent