

P98000028268

TRANSMITTAL LETTER

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

500002467535--2
-03/25/98--01010--003
*****70.00 *****70.00

MULTICARE HEALTH MANAGEMENT ASSOCIATES, INC.

SUBJECT: _____
(Proposed corporate name- must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

(x) \$70.00 () \$78.75 () \$122.50 () \$131.25

FROM: JESUS GAZQUEZ

Name(printed or typed)

1560 SW 139 AVENUE

Address
Miami, Florida 33184

City, State & Zip
(305) 223-1662

Daytime Telephone Number

FILED
98 MAR 25 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(H)

26/2/98
3/26/98
x

FILED
98 MAR 25 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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:

MULTICARE HEALTH MANAGEMENT ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

1560 SW 139 AVENUE
Miami, Florida 33184

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

ARTICLES IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOHN MACHADO
3201 SW 132 AVENUE
Miami, Florida 33175

ARTICLE V INCORPORATOR(S)

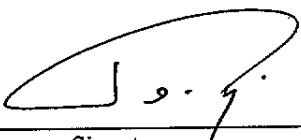
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JESUS GAZQUEZ
1560 SW 139 Avenue
Miami, FL 33184

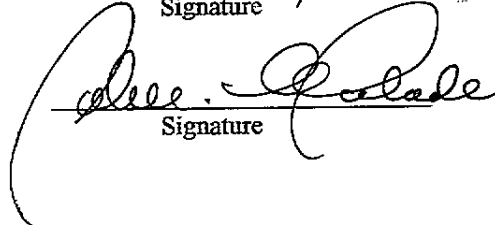
JOHN MACHADO
3201 SW 132 Avenue
Miami, FL 33175

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

20th day of March, 1998.



Signature



Signature

Articles of Incorporation
Filing Fee- \$35

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: MULTICARE HEALTH MANAGEMENT ASSOCIATES, INC.

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

JOHN MACHADO

3201 SW 132 AVENUE

(P.O.BOX not acceptable)
Miami, FL 33175

(City/ State/ Zip)

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98
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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 positions as registered agent.


(Signature)

DIVISION OF CORPORATIONS, P.O.BOX 6327, TALLAHASSEE, FL 32314