OFFICE SE SALL (Procurent #) LATARUS CORPORATE CALLING SER (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDÀ (305)552-5 (City, State, Zip) (Phone		309	2477957 04/03/9801048006 [*****122.50 *****122.50
CORPORATION NAME(S) & D 1. SPRINGS (Corporation Name) 2. (Corporation Name) 3. (Corporation Name) 4. (Corporation Name) Walk in Pick up time	OCUMENT NUMI PALITY C	(Document #) (Document #) (Document #) (Document #) (Cocument #)	98 APR -3 AH II 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA
NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name Name Reservation	AMENDM Amendment Resignation of F Change of Regist Dissolution/Witho Merger REGISTRATIO QUALIFICATIO Foreign Limited Partners Reinstatement Trademark Other	R.A., Officer/Director rered Agent drawal	98 APR -3 MII: 08

CR2E031(9/92)

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	98 A SECF
The name of the corporation shall be: SPRINGS ZUCLITY CARE CORP.	APR -3. AH II: RETARY OF STA AHAŞSEE, FLOR
ARTICLE II PRINCIPAL OFFICE) TATE ORIDA

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

10641 NW 7th PLACE CORAL Springs, FLA 33041

ARTICLE III SHARES

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

100 ShARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

UNA EAST 4th COURT 13H1 NW 4th COURT PLANTATION, FLA 33317

ARTICLE V INCORPORATOR(S)

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

ARTICLE VI DIRECTOR(S)

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Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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.

(NAME) 4341 NW 4th CT. (P.O. BOX NOT ACCEPTABLE) Plantation _ TVA 33317	tha	name and address of the registered agent and office is:	
A341 NW 4th CT	1465	Mala Gace	
A341 NW 4th CT		(NAME)	
(P.O. BOX NOT ACCEPTABLE)		A341 NW 4th CT	
Plantation. FVA 33317		(P.O. BOX NOT ACCEP, ABLE)	

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.

DATE 3/- 28 APR -3 AM 11: 53

REGISTERED AGENT FILING FEE: \$35.00