TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 **\$131.25** Filing Fee Filing Fee Filing Fee, Filing Fee & Certified Copy & Certificate Certified Copy & Certificate ADDITIONAL COPY REQUIRED

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

5/21

ARTICLES OF INCORPORATION

obligations of my position as registered agent/

Signature/Registered Agent

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE I The name of the corporation shall be: Taylor Made Health care Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 10300 SW 142 9t. Miami FL 33176 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shaves ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Signature/Incorporator (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

5-12-98