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8/06/98

### FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ PHONE: (305) 599-0839

FAX #: (305)716-0346

NAME: HEALTH RATER, INC.

AUDIT NUMBER..... H98000014639

DOC TYPE......FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 3

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SECRETARY OF STATE
TALL AUGSSEF FLORIDA

of Miles

## ARTICLES OF INCORPORATION OF HEALTH RATER, INC.

ARTICLE I-NAME

The name of this Corporation is: HEALTH RATER, INC.

#### ARTICLE II-DURATION

This corporation shall have a perpetual existence commencing on the Date of Filing.

#### ARTICLE III-PURPOSE

This Corporation may engage in any activity of business permitted under the laws of the United States and the State of Florida.

#### ARTICLE IV - CAPITAL STOCK

This Corporation is authorized to issue 1000 shares of One Dollar (\$1.00) par value common stock, which shall be designated "Common Shares".

ARTICLE V-INITIAL REGISTERED OFFICE AND AGENT The name and street address of the initial registered office of this Corporation is: HUMBERTO GONZALEZ, 15156 NW 90 Ct., Miami, Florida 33018.

The Principal Place of Business of the Corporation shall be: 11300 NW 87 Ct. Ste. 150, Hialeah, Florida 33018.

#### ARTICLE VI- INITIAL BOARD OF DIRECTORS

This Corporation shall have one (1) Director initially. The number of Directors may be increased or decreased from time to time by the by-laws, but shall never be less than one (1). The name and address of the initial Director is:

Name:

Address:

HUMBERTO GONZALEZ
President - 100%

15156 NW 90 Ct. Miami, Fl 33018

PREPARED BY:

Demar Enterprises Accounting Services, Inc. 1550 West 84th. Street, Suite 77 Hialeah, Florida 33014 Ph: (305)558-4947 Fax:(305)821-9794

#### ARTICLE VII- LAWS

The by-laws of this Corporation may be adopted, altered, amended or repealed by either the Stockholder (s) or Director (s).

#### ARTICLE VIII- INDEMNIFICATION

The Corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law.

#### ARTICLE IX- PREEMPTIVE RIGHTS

Every Stockholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which he/she already holds, shall have the right to purchase his/her prorate share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

#### ARTICLE X-INCORPORATOR

The persons signing these articles is: HUMBERTO GONZALEZ, 15156 NW 90 Ct., Miami Fl 33018.

#### ARTICLE XI- AMENDMENT

This Corporation reserves the right to amended or repeal any provisions contained in these Articles of Incorporation, in accordance with the provisions of the Florida General Corporation Act.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation, this 06 days of August of 1998.

HUMBERTO GONZALEZ

PREPARED BY:

Demar Enterprises Accounting Services, Inc. 1550 West 84th. Street, Suite 77 Hialeah, Florida 33014 Ph: (305)558-4947 Fax:(305)821-9794

### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statues, the undersigned corporation, organized under the laws on the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that HEALTH RATER, INC. desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation has named HUMBERTO GONZALEZ located at Miami, Florida, County of Miami Dade, State of Florida, as its agent to acept service of process within this 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 POSITION AS REGISTERED AGENT.

HUMBERTO GONZALEZ Agent

98 AUG -6 PN 4: 27
SECRETARY OF STATE
ALLAMASSEE EL ORIDA

PREPARED BY:

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