TRANSMITTAL LETTER

P99000030565

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

SUBJECT:	Gulf	Haven	EATH	SERVICES	Inc
	(Proposed corporate name - must include suffix)				

400002828374--1 -04/02/99--01087--024 *****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$78.75 \$70.00 □\$78.75 \$87.50 Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Daytime Telephone number

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

1.5 MT APR 02 1999

ARTICLES OF INCORPORATION

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	<u>NAME</u>	
The name of the co	orporation shall be:	MAT.
GULF	HAUEN HEAlth CAME SERVICES for C.	
ARTICLE II	PRINCIPAL OFFICE	
The principal place	e of business and mailing address of this corporation shall be:	 -
6305 NEW	Pont Richay Fla 34652	
ARTICLE III	SHARES	
The number of sha	ares of stock that this corporation is authorized to have outstanding at any one time is:	
ARTICLE IV	INITIAL REGISTERED AGENT AND STREET ADDRESS	-
	rida street address of the initial registered agent are:	
Kichmo	D HNOERSON = ==	. ، مؤدر
1446	INCORPORATOR INCORPORATOR	7=
ARTICLE V	INCORPORATOR	
The name and add	Idress of the incorporator to these Articles of Incorporation are:	-
Lichnon	Idress of the incorporator to these Articles of Incorporation are:	수 유무유
	4-2=98 R	
ya		-
Signa	ature/Incorporator Date	

(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 offmy position as registered agent

Signature/Registered Agent

Date