0055113 Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number : 072450003255 : (305)541-3694 Fax Number : (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

FLORIDA SENIOR CARE CENTER, INC.

Certificate of Status	O
Certified Copy	1
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EMPIRE CORP

SE:01 6661-LI-NAL

ARTICLES OF INCORPORATION

for

FLORIDA SENIOR CARE CENTER, INC.

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 607 Florida Statutes, adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA SENIOR CARE CENTER, INC.

ARTICLE II- PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

5397 N.W. 105 Ct Miami, Fl 33178

ARTICLE III CORPORATE DURATION

The duration of the corporation is to be perpetual.

These Document prepared by:
EDUARDO CANTERA, ESQ.
1762 CORAL WAY
Miami, Florida 33145
FBN # 154990
TEL:(305)442-4343
FAX:(305)443-2200

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ARTICLE IV- PURPOSE

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE V- CAPITALIZATION

The aggregate number of shares which the corporation is authorized to issue is 1,000 shares. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

ARTICLE VI- DIRECTORS

The number of directors constituting the initial board of directors of the corporation shall be Two (2) directors.

REINALD RUIZ- President

ERIKA RUIZ- Vice-President

ARTICLE VII- INCORPORATORS

The name and address of each incorporator is:

Name

Address

EDUARDO CANTERA, ESQ.

1762 CORAL WAY Miami, Fl 33145

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ARTICLE VIII- INDEMNIFICATION

This corporation shall indemnify and may insure it's officers and directors to the fullest extent permitted by Law.

The undersigned incorpogator(s) has(have) executed these Articles

of this the day of how 1999

Signature(s) of the Incorporator(s)

EDUARDO CANTERA, ESQ. Registered Agent

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

1. The name of the corporation is:___

Pursuant to the privisions of sections 607.0501 or 617.0501, lorida 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.

	FLORIDA SENIOR CARE CENTER, INC.	
2.	The name and address of the registered agent and office is:	
	EDUARDO CANTERA, ESQ.	
	(NAME)	
	1762 CORAL WAY	
	(P.O. BOX NOT ACCEPTABLE)	
	MIAMI, FLORIDA 33145	
	(CITY/STATE/ZIP)	
PROC DESI AS I AGRI THE FAMI	ING BEEN NAMED AS REGISTERED AGENT AND ACCEPT SERVICE OF CESS FOR THE ABOVE STATED CORPORATION AT THE PLACE IGNATED IN THIS CERTIFICATE. I HEREBY ACCEPT THE APPOINTMENT REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER SE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AMBILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS SISTERED AGENT. SIGNATURE DATE 6/15/99.	