(Proposed corporate name - must include suffix)

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

SUBJECT:

000002985190--4 -09/13/99--01096--010 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an origina	l and one(1) copy of the article	: es of incorporation and a c	heck for :	
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL COF	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Manuel E. Benitez  Name (Printed or typed)				
941 N., 70 Way,  Address  Hollywood, Fla 33024  Address  Hollywood, Fla 33024				
	Hollywood, Fla 3	33024 State & Zip	IAKY (ASSEE	THE STATE OF THE S

Millennium Health Center Company

(954) 963-1608

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

Daytime Telephone number

## ARTICLES OF INCORPORATION

Signature/Registered Agent