Division of Corporations

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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:

Account Name : MEDGUARD SERVICES INC.

Account Number : 119990000019 Phone : (305)389-2049 Fax Number : (305)220-7776

FLORIDA PROFIT CORPORATION OR P.A.

Westwood Lakes Loving Home Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

99 SEP 24 PM 1: No

SECRETARY OF STATE DIVISION OF CORPORATIONS

B. McKnight SEP 2-4 1999

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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 NAME

The name of the corporation shall be:

Westwood Lakes Loving Home Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 11500 S.W. 43rd Street

Miami, Florida 33165

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

The number share which this corporation shall have the authority to issue is 100 shares of common stock No par Value. Each share shall have equal rights with each other share with respect to dividends voting and

<u>INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address of the initial registered agent are:

Palmira Reyes

10446 S.W. 127th Place

Miami, Florida 33186

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Palmira Reyes

10446 S.W. 127th Place

Miami, Florida 33186

Sept. 24, 1999

Date

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. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions offall statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation's of ply position as registered agent

Signature/Registered Agent

Sept. 24, 1999

Date

Medguard Services/ Inc. 9274 S.W. 40th Street Miami, Florida 33165