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 : I19990000019
Phone : (305)389-2049
Fax Number : (305)220-7776

99 NOV -9 PH 4: 43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Oasis Home for the Elderly, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

H990000283855

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:

OASIS HOME FOR THE ELDERLY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 810 West 74th Street Hialeah, Fl. 33014

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 in liqui-INITIAL REGISTERED AGENT AND STREET ADDRESS dation.

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

Javier Colon 2670 West 73rd Place

Hialeah, Fl. 33016

ARTICLE V **INCORPORATOR**

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

Javier Colon, President

2670 West 73rd Place

Hialeah, Florida 33016

Signature/Incorporator

Sixta Cuero, Vice-President

2670 West 73rd Place Hialeah, F1. 33016

Juan M. Urdanivia, Secretary-Treasurer

5144 N.W. 199th Terrace

Miami, Fl. 33055

November 9, 1999

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 of my position as registered agent

November 9,

Date

Medguard Ser 9274 SW 40th Street

Miami,F1. 33165