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Florida Department of State

Division of Corporations
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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 18 PH 12: 45
SECRETARY OF STATE

FLORIDA PROFIT CORPORATION OR P.A.

Stephanie Senior Home, Inc.

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

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation Business Corporation Act, hereby adopts the following Articles of Income	n und <u>er</u> the Florida rporation,	99 SE¢	
ARTICLE I NAME	- <u></u>	NO NO	eine Euro
The name of the corporation shall be:	4 	5 5	4 5
Stephanie Senior Home, Inc.		28 P	m
ARTICLE II PRINCIPAL OFFICE The principal place of bysiness and profiling uddress of this arms.	<u></u>		
The principal place of business and mailing address of this corpor	ation shall be:	PM 12: 45 GF STATE E. FLORIO	
10051 Haitian Drive		▶	
Miami, Florida 33189			
ARTICLE III SHARES			
The number of shares of stock that this corporation is authorized to	o have outstanding at any one til	me is:	
The number share which this corporation s is 100 shares of common stock No par Valurights with each other share with respect	shall have the author	tty to i	te i
ARTICLE IV INITIAL REGISTERED AGENT AND	STREET ADDRESS	, and in	ation
The name and Florida street address of the initial registered agent	are:		
Luis Manuel Sanchez			
11750 SW 192nd Street			-
Miami, Florida 33177			
ARTICLE V INCORPORATOR			
The name and address of the incorporator to these Articles of Inc	corporation are:		
Luis Manuel Sanchez, President 11750 SW 192nd Street	Rafaela Sanchez, Vi	ce-Presî	dent
Miami, Florida 33177	11.750 SW 192nd Stro	et	
widmi, fiolida 55///	Miami, Florida 331	11	
* Monds	11/18/99		
Signature/Incorporator	Date		
			ı

(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 um familiar with and accept the obligations of my position as registered agent

Medguard Services, Inc. 9274 SW 40th Street

Miami, Florida 33165

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