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SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC - 1 AM 9: 31

NATURAL MEDICINE, INC.

1590 NW 10TH AVENUE #304
BOCA RATON, FL 33486-1313

NOVEMBER 16, 2000

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-12/01/00--01062--001
*****70.00 *****70.00

Secretary of State
Capitol Building
Tallahassee, FL 32304

Attention: Corporation Division

RE: NATURAL MEDICINE, INC.

Dear Sir or Madam,

Please accept for filing, the Articles of Incorporation and the Resident Agent form which designates the Resident Agent for the above-captioned corporation. Enclosed is our check in the amount of \$70.00 to cover the following fees:

Filing Original Articles of Incorporation	\$35.00
Resident Agent Fee	<u>35.00</u>
Total	\$70.00

Cordially,

WILLIAM L. ROWLAND

12/06/00

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CERTIFICATE OF INCORPORATION
-OF-
NATURAL MEDICINE, INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I. NAME

The name of this corporation is NATURAL MEDICINE, INC.

ARTICLE II. DURATION

The term of existence of the corporation is perpetual.

ARTICLE III. PURPOSE

The corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

ARTICLE IV. CAPITAL STOCK

The aggregate number of shares which the corporation has authority to issue is 1,000,000 , all of which shall be common shares with par value of \$0.01.

ARTICLE V. REGISTERED OFFICE

The street address and mailing address of the principal place of business is 1590 NW 10TH AVENUE #304, BOCA RATON, FL 33486 and the street address of the initial registered office of the corporation is 1590 NW 10TH AVENUE #304, BOCA RATON, FL 33486 and the name of the initial registered agent is WILLIAM L. ROWLAND.

ARTICLE VI. DIRECTORS

The Board of Directors of the corporation shall consist of two members, but may be increased or decreased by a resolution of the Board of Directors adopted in the manner provided in the Bylaws of the corporation, provided that in no event shall the Board of Directors consist of less than one member.

The names and addresses of the Directors which constitute the first Board of Directors of the Corporation are:

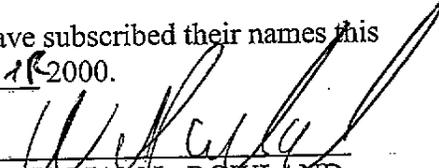
<u>NAME</u>	<u>ADDRESS</u>
WILLIAM L. ROWLAND	1590 NW 10 TH AVENUE #304 BOCA RATON, FL 33486
ED HALE	1521 ALTON ROAD #512 MIAMI BEACH, FL 33139

ARTICLE VII. INCORPORATORS

The name and address of the incorporator of the corporation is:

<u>NAME</u>	<u>ADDRESS</u>
WILLIAM L. ROWLAND	1590 NW 10 TH AVENUE #304 BOCA RATON, FL 33486

IN WITNESS WHEREOF, the undersigned have subscribed their names this
16 day of November 2000.


WILLIAM L. ROWLAND

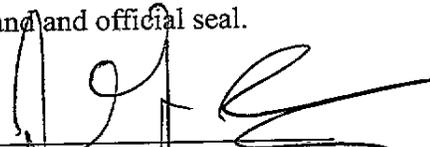

ED HALE

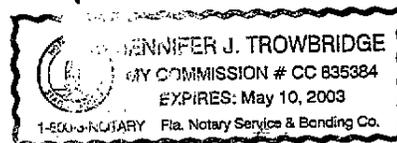
STATE OF FLORIDA)
 :SS
COUNTY OF PALM BEACH)

H 400-885-68-380-0

On this 16th day of November 2000, before me, the undersigned officers, personally appeared as WILLIAM L. ROWLAND and ED HALE, known to me to be the persons whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.


NOTARY PUBLIC, STATE
OF FLORIDA AT LARGE



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STATE OF FLORIDA

SECRETARY OF STATE

Certificate designating place of business or domicile for the service of process within this state, naming agent upon whom process may be served and names and addresses of the officers and directors.

NATURAL MEDICINE, INC.

The following is submitted, in compliance with Chapter 48.091, Florida Statutes:

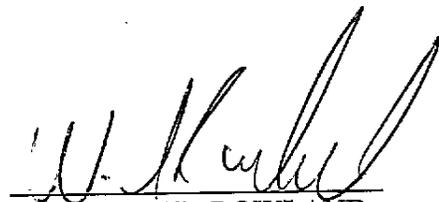
NATURAL MEDICINE, INC., a corporation organized under the laws of the state of Florida, with its principal office at 1590 NW 10TH AVENUE #304, BOCA RATON, FL 33486-1313 has named WILLIAM L. ROWLAND at 1590 NW 10TH AVENUE #304, BOCA RATON, FL 33486-1313, County of Palm Beach, as its agent to accept service of process within this state.

<u>OFFICERS</u>	<u>TITLES</u>	<u>SPECIFIC ADDRESSES</u>
WILLIAM L. ROWLAND	PRES./ DIR.	1590 NW 10 TH AVENUE #304 BOCA RATON, FL 33486-1313
ED HALE	V-P / TREAS.	1521 ALTON ROAD #512 MIAMI BEACH, FL 33139

ACCEPTANCE

I agree as Resident Agent to accept service of process: to keep this office open during prescribed hours, to post my name (and any other officers of said corporation authorized to accept service of process at the above Florida designated address) in some conspicuous Place in the office as required by law.

DATED: 11/16/00


WILLIAM L. ROWLAND