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TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

MEDICAL LABOR PROVIDER, INC.

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ARTICLES OF INCORPORATION

OF

MEDICAL LABOR PROVIDER, INC.

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:

MEDICAL LABOR PROVIDER, INC.

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ARTICLE II PRINCIPAL OFFICE

The mailing address of this corporation shall be:

3756 S.W. Bimini Circle, Palm City, FL 34990

ARTICLE III CAPITAL STOCK

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

One Thousand (1,000) Shares Without Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Walter R. Gil 3756 S.W. Bimini Circle, Palm City, FL 34990

ARTICLE V INCORPORATOR

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

Walter R. Gil 3756 S.W. Bimini Circle, Palm City, FL 34990

The undersigned has executed these Articles of Incorporation this 4th day of April, 2003.

Walter R. Gil
Incorporator

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

MEDICAL LABOR PROVIDER, INC.

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TALLAHASSEE, FLORIDA

2. The name and address of the registered agent and office is:

Walter R. Gil 3735 S.W. Rimini Circle, Palm City, FL 34990

Signature: _____
Walter R. Gil
Title: Incorporator

Date: April 4, 2003

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.

_____
Walter R. Gil
Date: April 4, 2003