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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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03 JUL 21 AM 9:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

MED-CARE MEDICAL INC.

D. WHITE JUL 22 2003

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be:

Med- Care Medical Inc.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

5979 NW 151 st # 259
Miami Lakes, FL 33014

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Distribution

ARTICLE IV SHARES
The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s) and address(es):

ARTICLE VI REGISTERED AGENT
The **name and Florida street address** of the registered agent is: Braulio Cabrera Jr.

5979 NW 151 st # 259
Miami Lakes, FL 33014

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:

Braulio Cabrera JR
5979 NW 151 ST # 259 Miami Lakes FL, 33014

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

B. Cabrera JR.
Signature/Registered Agent / Incorporator

7/17/03
Date

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