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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

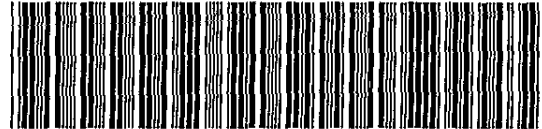
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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HEALTHY MEDICAL CENTER INC.

*375 EAST 49 STREET # 2
HIALEAH, FLA 33013
(786)412-0436*

*MARIO L. ENRIQUEZ
October 7, 2003*

To whom it may concern:

*I am enclosing the documents, to request a copy of the State of Florida
Certificate Registered under my business name **HEALTHY MEDICAL
CENTER INC.***

*Enclosed, please find a money order for the amount of \$78.75 to cover the
fee for the Corporation and \$8.75 that it's included to cover the fee for the
certificate.*

Thanks,

MARIO LUIS ENRIQUEZ
President of:

HEALTHY MEDICAL CENTER INC.
Sincerely,

**PLEASE FORWARD CERTIFICATE AND ANY PAPERS TO:
375 EAST 49 STREET # 2 HIALEASH, FL 33013**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE OF INCORPORATION
OF
HEALTHY MEDICAL CENTER INC.**

The undersigned incorporation (s) , for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: **HEALTHY MEDICAL CENTER INC.**

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful Activities or business permitted under the laws Of the United States, the State of Florida, or any other States, County, territory or Nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock an sit par value that this Corporation is authorized to have outstanding at one time one time Is: \$500 SHARES \$1.00 PAR VALUE.

ARTICLE IV TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE V. OFFICER DIRECTORS

*The name (s) and street address (es) of the initial officer (s) and Directors (s), if any, who shall hold office the first year of the corporation's Existing or until their successor (s) is (are) elected, is (are): **MARIO LUIS ENRIQUEZ 375 EAST 49 STREET #2 Hialeah, FL 33013***

ARTICLES VI INCORPORATOR (S)

The name (s) and street address (es) of the incorporator (s) to this articles of incorporation is (are): **MARIO LUIS ENRIQUEZ**
375 EAST 49 STREET #2 HIALEAH , FL 33013

IN WITNESS WHEREOF, the undersigned incorporator (s) has (have) executed these Article of Incorporation this 7th day of October 2003.

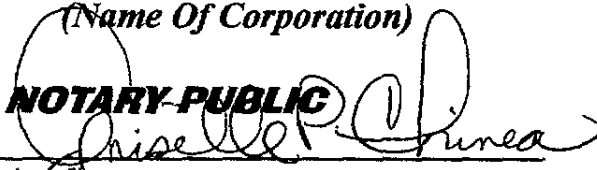
Signature(s) Incorporator (s)
+ 

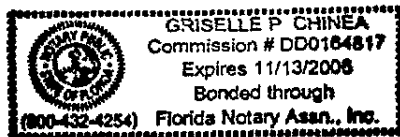
STATE OF FLORIDA
COUNTY OF DADE

The FOREGOING instrument was acknowledged and sworn to before me this 7th day of October 2003.

By: Mario L. Enriquez
(Name Of Incorporator)

Of: **HEALTHY MEDICAL CENTER INC.**
(Name Of Corporation)

NOTARY-PUBLIC

(seal)
MY COMMISSION EXPIRES:



CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

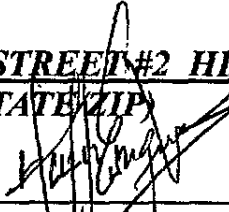
Pursuant to the provision of section 607.325, Florida Statutes, the Undersigned corporation, organized under the laws of the State of Florida, Summit's the following statement in designating the registered office/ Registered agent, in the State of Florida.

1. The name of the corporation is **HEALTHY MEDICAL CENTER INC.** 375 EAST 49 STREET #2 HIALEAH, FLORIDA 33013.

2. The name and address of the registered agent and officer
Is: **MARIO LUIS ENRIQUEZ**

(P. O. BOX NOT ACCEPTABLE)

375 EAST 49 STREET #2 HIALEAH , FL 33013
(CITY/STATE/ZIP)

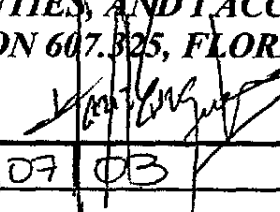
Signature + 
(corporate officer)

TITLE President

DATE 10 | 07 | 03

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUES.

SIGNATURE + 
DATE 10 | 07 | 03