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Florida Department of State  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JAN 29 PM 1:00

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**SKY MEDICAL & TREATMENT CENTER INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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ARTICLES OF INCORPORATION

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

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08 JAN 29 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

*Sky Medical & Treatment Center Inc.*

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

*4771 SW 8th Miami FL 33134*

ARTICLE III - SHARES

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

*100*

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Maritza Tia*  
*4771 SW 8th Miami FL 33134*

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ARTICLE V - INCORPORATOR

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

Maritza Tia  
4771 SW 85T Miami FL 331

The undersigned incorporator has executed these Articles of Incorporation this 29 day of January 2008

  
Signature

FILED  
08 JAN 29 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

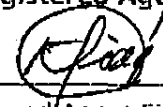
ARTICLE VI - DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Maritza Tia (PRESIDENT)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Registered Agent Signature

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