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CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

10 FEB 25 AM 10: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
ER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
	Reinstatement
	Trademark
	Other

ARTICLES OF INCORPORATION

10 FEB 25 AM IO: 36

SECRETARY OF STATE

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF SEE. FLORIDA FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

Sunshine Medical Research, INC

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

9945 500 40 ST Miami FL 33165.

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

Morma J. Contreras 9845 SW 40 ST Miami FL 33165.

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:				
Norma J. Contreras 9845 SW 4057 Mani FL 33165	`			
THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES				
OF INCORPORATION THIS /				
DAY OF TEDIO 2000				
Deterol) 23	orași Listă			
SIGNATURE				
	tre-silve			
ARTICLE VI - DIRECTOR(S)				
THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):				
Otalia Rossia Vica Rosidon				
Coalys Sarcia - Vice hesiden	,			
Norma J. Contreros- tresiden!				
Odalys Garcia - Vice President Norma J. Contheras - President Sheyla C. alvorez - Vice President	7			
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