ro: DIVISION OF CORPORATIONS FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: WORKMED INTERNATIONAL, INC.

AUDIT NUMBER...... H96000017447

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

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ARTICLES OF INCORPORATION

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OF

H96000017447

WorkMed International , Inc.

The undersigned incorporator, for the purpose of femiling a corporation under the Florida & Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE L- NAME

The name of the corporation shall be:

WorkMed International, Inc.

ARTICLE IL - PRINCIPAL OFFICE

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

8073 N.W. 167th Street Suite C-9 Mlami, FL 33019

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 Shares @ \$1.00 par value

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHAEL H. WOLF, ESQ. 2450 N.E. Miami Gardens Drive - 2nd Ploor North Miami Beach, FL 33180

ARTICLE V - INCORPORATORS

The name and street address of the incorporator(s) to these Articles of Incorporation Is:

JOHN PEREZ 6073 N.W. 167th Street - Suite C-9 Miami, FL 33019

THIS INSTRUMENT PREPARED BY: MICHAEL H. WOLF, P.A. 2450 N.E. MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33180 TEL.:(305)932-0950 FLORIDA BAR #231924

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The undersigned incorporator has executed these Articles of Incorporation this 29 day of November, 1996.

JOHN PEREZ, Incorporator

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANTTO THE PROVISIONS OF SECTION 807.0501 of 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITES THE POLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. THE NAME OF THE CORPORATION IS: WorkMed International, Inc.
- 2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

MICHAEL H. WOLF, ESQ. (NAME)

2450 N.E. MAMI GANDENS DRIVE (STREET ADDRESS)

NORTH MANS BEACH, FL 33180. (CITY/STATE/ZIF) 96 DEC 12 PN 1:37

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ASOVE 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 FAMELIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT!

(Signature)

Date: November 22, 1995

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLANASSEE, FL

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