OFFICE ONL (TO IT)  LAZ RUS CORPORATE FILING SEE (Requestor's Name)	RVICE, INC.		324	15
3320 S.W. 87th AVENUE (Address)	<del></del>			
MIAMI, FLORIDA (305)552-5	5973 .:			
(City, State, Zip) (Phon				
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OTHER FILINGS  Annual Report  Fictitious Name  Name Reservation	REGISTRATION QUALIFICATION Foreign Limited Partnersh Reinstatement		000309470 -01/11/000106 *****78.75 **	098 6012 ***78.75
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CR2E031(9/92)

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.

## ARTICLE I NAME

	The name of the corporation shall be:
χ	ANYE MEDICAL SERVICE INC.
	ARTICLE II PRINCIPAL OFFICE
	The principal place of business and mailing address of this corporation shall be:
	IIII7 Okeechobee RD.
	Suite # 2 05
	Hialean GARDENS FI. 01028
	ADDICE ELL CHADEC

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

500 SHARES OF \$1.00

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HIPOLITO	VALDIVIE	30
IIII7 OF	KEECHOBEEL	RD.
SUITE	#205	
HEALEAH	G ARDENS	FL.
	33018	

## ARTICLE V INCORPORATOR(S)

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

HIPOLITO VALDIVIESO	415 WE16 ST. HIALEAH FL. 33010
	, ARTICLE VI DIRECTOR(S)
The name(s) and str	eet address(es) of the director(s) to these Articles of
	c);
HIPOLITO VALDIVIESO	415 W 16 ST. HIALEAH FL. 33010 (P).
	1
The undersigned income this <u>IO</u> day of <u>c</u>	proprator(s) has (have) executed these Articles of Incorporation  2000
	· /
•	Signature FLORI
_	RA 5
•	Signature >
IIBUTNA DESERTA MARANE AN ES	

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.

X MAISIVIESO

REGISTERED AGENT