

TRANSMITTAL LETTER
PO0000009930

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: SUPERIOR MEDICAL COMPLIANCE, INC.
(Proposed corporate name - must include suffix)

300003108923--5
-01/24/00--01134--006
*****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: RALPH BRUGAL
Name (Printed or typed)

5300 South West 144 Avenue
Address

Miami, Florida 33175
City, State & Zip

(305) 385-2065
Daytime Telephone number

FILED
00 JAN 24 PM 5:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

T BROWN JAN 28 2000

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:
SUPERIOR MEDICAL COMPLIANCE, INC.

FILED
00 JAN 24 PM 5:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
9000 South West 137 Avenue, Suite 111
Miami, Florida 33186

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

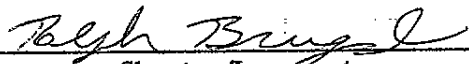
The name and Florida street address of the initial registered agent are:

RALPH BRUGAL
5300 South West 144 Avenue
Miami, Florida 33175

ARTICLE V INCORPORATOR

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

RALPH BRUGAL
5300 South West 144 Avenue
Miami, Florida 33175



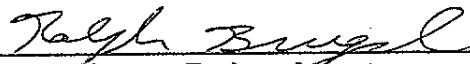
Signature/Incorporator

1/19/2000

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above 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 familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

1/19/2000

Date