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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

Fax Number : (850) 922-4001

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)541-3694

Fax Number : (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

INTERNATIONAL MEDICAL CLINIC, CORP.

Estimated Charge	\$78,75
Page Count	05
Certified Copy	1
Certificate of Status	0

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ARTICLES OF INCORPORATION

OF

INTERNATIONAL MEDICAL CLINIC, CORP.

We, the undersigned natural persons competent to contract acting as incorporators of a corporation under the General Corporation Law of the State of Florida, make, subscribe, acknowledge and file the following Articles of Incorporation for such corporation.

ARTICLE I NAME

The name of the corporation is: INTERNATIONAL MEDICAL CLINIC, CORP.

ARTICLE II PRINCIPAL OFFICE

The name of the principal office and mailing address of the corporation shall be:

1800 SW 8 STREET MIAMI, FLORIDA 33135

ARTICLE III SHARES

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

500 Shares having a par value of \$1.00 per share.

ARTICLE IV INITIAL REGISTERS AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rosa Walled, 1800 SW 8 Street, Miami, Florida 33135

OO MAY 12 PH 3: 34
SECRETARY OF STATE
TALLAHASSI F. FLOOR

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ARTICLE V INCORPORATOR(5)

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

Rosa Walled 1800 SW 8 Street Miami, Fl 33135

ARTICLE VI DIRECTOR(S)

The name and street address of the corporation's initial Officer & Director:

Rosa Walled 1800 SW 8 Street Miami, FL 33135 President

AMENDMENTS

The corporation reserves the right to amend, alter, change or repeal any provision in these Articles of Incorporation in the manner prescribed by law, and all rights conferred on shareholders are subject to this reservation.

IN WITNESS WHEREOF, we do make and subscribe these Articles of Incorporation this // day of ________, 2000.

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STATE OF FLORIDA)

(SS Musical

COUNTY OF DADE)

WITNESS my hand and official seal in Miami, Dade County, Florida, this // day

of may 2000.

NOTARY PUBLIC AT LARGE State of Florida My commission expires:



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ACKNOWLEDGMENT BY REGISTERED AGENT

Having been named to accept service of process for the above stated Corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By: Museud

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