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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

SURGICAL DISSECTION SPECIALTIES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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B. McKnight

DEC 01 2000

ARTICLES OF INCORPORATION
OF
SURGICAL DISSECTION SPECIALTIES, INC.

The undersigned incorporators desire to form a corporation pursuant to Chapter 607, Florida Statutes and hereby adopt the following articles of incorporation for such corporation.

ARTICLE I

NAME: *The name of the corporation shall be:*

SURGICAL DISSECTION SPECIALTIES, INC.

ARTICLE II

PURPOSE AND POWER: *The purpose for which the corporation is formed is to engage in any activity and business permitted under the laws of the State of Florida.*

ARTICLE III

PRINCIPAL OFFICE: *The address of the corporation's principal office shall be:*

**5607 GULF DRIVE #102
HOLMES BEACH, FL 34217**

ARTICLE IV

INCORPORATOR(S): *The name and address of the incorporator(s) is (are):*

**MARCO ANTONIO ARIDA
5607 GULF DRIVE #102
HOLMES BEACH, FL 34217**

ARTICLE V

DIRECTORS: *The number of directors constituting the corporation's initial Board of Directors is (are) two whose name and addresses is (are):*

YAMILE ARIDA	JOSEPH ASBURY
5607 GULF DRIVE #102	5607 GULF DRIVE #102
HOLMES BEACH, FL 34217	HOLMES BEACH, FL 34217

OFFICERS: *The officers of the corporation will be as follows:*

President:	YAMILE ARIDA
Vice President:	JOSEPH ASBURY
Secretary:	MARCO ANTONIO ARIDA
Treasurer:	YAMILE ARIDA

ARTICLE VI

SHARES OF STOCKS: *The aggregate number of shares of stock the corporation is authorized to issue is ****100**** shares which shares shall be common stock having ****\$1.00**** par value.*

ARTICLE VII

DURATION: *The duration of the corporation shall be perpetual.*

ARTICLE VIII

REGISTER AGENT: *The name and address of the permanent registered agent is:*

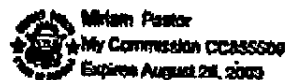
MARCO ANTONIO ARIDA
5607 GULF DRIVE #102
HOLMES BEACH, FL 34217

IN WITNESS THEREOF, *We have executed these articles of Incorporation in Miami- Dade County, Florida on this 30th day of November, 2000.*

Yamile G. Arida

SWORN AND SUBSCRIBED *before me on this 30th day of November, 2000.*

Miriam Pastor
MIRIAM PASTOR
NOTARY PUBLIC, State of Florida



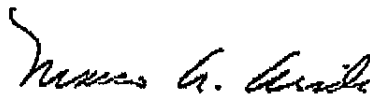
In compliance with section 607.034 of the Florida Statutes, the following is submitted:
desiring to organize or qualify under the laws of the State of Florida, with its principal
place of business in the City of HOLMES BEACH County of MANATEE State of
Florida has name MARCO ANTONIO ARIDA located at 5607 GULF DR. #102
HOLMES BEACH, FL. as its agent to accept service of process within the State of
Florida.

Mailing address is: 5607 GULF DRIVE #102
HOLMES BEACH, FL 34217

ACKNOWLEDGMENT

Having been named to accept service of process for the above mentioned corporation,
at the place designated in this Certificate, I hereby am familiar with and accept the duties
and responsibilities as register agent for said corporation and agree to act in this capacity,
and further agree to comply with the provisions of all Statutes relative to the proper and
complete performance of my duties.

Dated this 30th day of November, 2000



MARCO ANTONIO ARIDA
REGISTER AGENT

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