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## 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: S.B.B MEDICAL GROUP INC

#### ARTICLE II PRINCIPAL OFFICE

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

8225 S.W. 99Th Street Miami, Fla 33156

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five (500) hundred shares one dollar (1) per value common stock

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sadita B. Bustamante 8225 S.W. 99Th Street Miami, Fla 33156

## ARTICLE V INCORPORATOR(S)

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

Sadita B. Bustamante 8225 S.W. 99Th street Miami, Fla 33156

### ARTICLE VI DIRECTOR(S)

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

Sadita B. gustamante (President &) 8225 S.W. 99Th St Miami, Fla 33156 Secretary

Gene Godoy (Director) 8225 S.W. 99Th St Miami, Fla 33156

The undersigned incorporator(s) has(have) executed these Articles of

| Incorporation this _ | 19day of, 2001.                     |
|----------------------|-------------------------------------|
|                      | Acideta B. Brestamante<br>Signature |
|                      | Signature                           |

Signature

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

| 7 | The name of the corporation is: S.B.B. MEDICAL GROUP INC    |
|---|---|
| _ |   |
| T | The name and address of the registered agent and office is: |
|   | Sadita B. Bustamante  |
|   | (NAME)  |
|   | 8225 S.W. 99Th Street                                       |
|   | (P.O. BOX NOT ACCEPTABLE)                                   |
|   | Miami, F1a 33156  |
| - | (CITY/STATE/ZIP)  |

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

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 Scideta B. Bustaminte

DATE 1/19/2001