

P0100055452
TRANSMITTAL LETTER

May 23, 2001

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

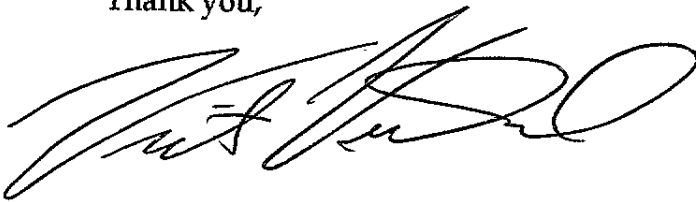
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*****78.75 *****78.75

Subject: **Vedmed & Associates, P. A.**

Dear Sir or Madam:

Enclosed please find two originals of articles of incorporation and a check in the amount of \$78.75 for filing fee and Certificate.

Thank you,



Victor Vedmed
155 South Miami Ave., PH-1
Miami, Florida 33130
Tel. (305) 373-2224
Fax (305) 373-2228

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Vedmed & Associates, P. A.

ARTICLE II - PRINCIPAL OFFICE

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

155 South Miami Ave., PH-1
Miami, Florida 33130.

ARTICLE III - PURPOSE

The professional corporation may engage in the practice of law.

ARTICLE IV - SHARES

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

1,000 par value \$0.01 per share.

ARTICLE V - INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Victor Vedmed
155 South Miami Ave., PH-1
Miami, Florida 33130

ARTICLE VI - INCORPORATOR

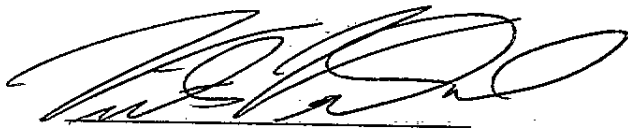
The name and address of the incorporator to these Articles of Incorporation are:

Victor Vedmed, Esq.
155 South Miami Ave., PH-1
Miami, Florida 33130


Signature / Incorporator

5/23/01
Date

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

5/23/01
Date

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