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ARUS CORPORATE FILING SERVICE (Requester's Name) 3320 S.W. 87 AVENUE	
(Aldress) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #)	
RESA ROMAN (TALLAHASSEE REPRESENTATIVE)	office use only
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2. (Corporation Name)	(Document #)
3. (Corporation Name) 4.	(Document I)
(Corporation Name) Walk in Rick up time 2.00	(Document #) Certified Copy
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Examiner's Initials

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:

ALJO MEDICAL MANAGEMENT INC.

01 JUN | 1 PM |2: 26 SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II - PRINCIPLE OFFICE

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

1170 S. SEMORAN BLVD. SUITE E ORLANDO, FL 32807

ARTICLE III - SHARES

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

500 Shares

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DR. JOHN M. MAURELLO 3651 WILD PINES UNIT B105 BONITA SPRINGS, FL 34134

ARTICLE V - INCORPORATOR

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

LAWRENCE MAURELLO 1615 BERKELEY AVENUE BALDWIN, NY 11510

The undersigned Incorporator has executed these Articles of Incorporation this $\frac{7^{+n}}{200!}$ day of $\frac{1}{200!}$.

Signature

ARTICLE VI - DIRECTOR(S)

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

LAWRENCE MAURELLO PRESIDENT 1615 BERKELEY AVENUE BALDWIN, NY 11510

ALEXANDER DUBINSKI VICE PRESIDENT 2940 WEST 5TH STREET APT. 7B BROOKLYN, NY 11224



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature