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GEORGE GONSALEZ

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Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305) 266-4080
Fax Number : (305) 264-0232

FLORIDA PROFIT CORPORATION OR P.A.

T.L.C. MEDICAL CONSULTING, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	04
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SECRET, FLA. STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be T.L.C. MEDICAL CONSULTING, CORP.

ARTICLE II

PRINCIPAL OFFICE

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

6005 N.W. 87 AVE
MIAMI, FL. 33178

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ~~8~~ COMMON SHARES. ~~2~~

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSE L. TORRES
6005 N.W. 87 AVE
MIAMI, FL. 33178

Prepared by: JOSE L. TORRES
6005 N.W. 87 AVE
MIAMI, FL. 33178
(305) 594-6676

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**ARTICLE V
INCORPORATOR(S)**

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

JOSE L. TORRES
6005 N.W. 87 AVE
MIAMI, FL. 33178

DIRECTOR & VICE-PRESIDENT

AXEL H. VELAZQUEZ
6005 N.W. 87 AVE
MIAMI, FL. 33178

DIRECTOR & PRESIDENT

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

14 day of June, 2001.

Jose L. Torres
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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.

1. The name of the corporation is: T.L.C. MEDICAL CONSULTING, CORP.

2. The name and address of the registered agent and office is:

JOSE L. TORRES
6005 N.W. 87 AVE
MIAMI, FL. 33178

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.

Jose L. Torres
(SIGNATURE)

6/14/01
(DATE)

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