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**FLORIDA PROFIT CORPORATION OR P.A.**

**ALTHIVA MEDICAL OFF. INC.**

Certificate of Status	0
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**FLORIDA DEPARTMENT OF STATE**  
Katherine Harris  
Secretary of State

June 25, 2001

FAS-T

SUBJECT: ALTIVA MEDICAL OFF. INC.  
REF: W01000014710

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

ARTICLE OF INCORPORATION

OF

ALTHIVA MEDICAL OFF. INC.

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

ARTICLE I NAME

The name of the corporation shall be: ALTHIVA MEDICAL OFF. INC.

The principal place of business of this corporation shall be:  
8150 SW. 8 ST. Suite 218  
Miami, FL 33144

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

MANUEL C. ACOSTA  
8150 SW. 8 ST. Ste. 218  
MIAMI, FL. 33144

DIRECTOR

ARTICLE VI INCORPORATOR(S)

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

MANUEL C. ACOSTA  
8150 SW. 8 ST. Ste. 218  
MIAMI, FL. 33144

PRESIDENT, SECRETARY & TREASURER  
100 shares

The undersigned has(have) executed these Article of Incorporation this 25 th. day of June 1991.

  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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.

1. The name of the corporation is: ALTHIVA MEDICAL OFF. INC.
  
2. The name and address of the registered agent and office is MANUEL C. ACOSTA  
(Name)  
8150 SW. 8 ST. Ste. 218  
(P. O. BOX NOT ACCEPTABLE)  
MIAMI, FLORIDA 33144  
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE *Manuel C. Acosta*

DATE 06-25-01

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