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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : INCORPORATETIME.COM, INC.

Account Number : 119990000221 Phone : (631)224-9004 Fax Number : (631)224-7979

### FLORIDA PROFIT CORPORATION OR P.Á

MOBILE MEDICAL ADVANTAGE INC.

Certificate of Status	0
Certified Copy	<b>9</b>
Page Count	(03)
Estimated Charge	\$70.00

B. McKnight JUL 1 2 2001

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#### ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATION 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 CORPORATION SHALL BE:

MOBILE MEDICAL ADVANTAGE INC.

#### ARTICLE IIPRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

#### 14325 WATERFORD CHASE PKWY ORLANDO FL 32828

#### ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1,000 SHARES AT \$1.00 PAR VALUE

ARTICLE IV: INITIAL OFFICERS/DIRECTORS:

President/Director: Marlene Torres Rodriguez

14325 Waterford Chase Pkwy, Orlando FL 32828

Vice-Pres/Director: Paul Rodriguez

14325 Waterford Chase Pkwy, Orlando FL 32828

ARTICLE V: INITIAL REGISTERED AGENT AND STREET
ADDRESS:

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

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#### Marlene Torres-Rodriguez 14325 Waterford Chase Pkwy Orlando FL 32828

#### ARTICLE V: INCORPORATOR:

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

KERRY WALSH, INCORPORATETIME.COM, INC. 35-37 CARLETON AVENUE, ISLIP TERRACE, NY 11752

Walsh, Incorporator 7/2/0)

Date

Having been named registered agent and to accept service of process for the above stated corporation as 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 familiar with and accept the obligations of my position as registered agent.

Marlene Torres-Rodriguez, Registered Agent Date

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SECRETARY OF STATE ANALOSSEE FROMINA