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CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1.	MOLIS MED.	ICAL & DIAGNOSTIC CENTER
2.	(Corporation Name)	(Document #)
3.	(Corporation Name)	(Document #)
4.	(Corporation Name)	(Document #)
	Walk in Pick up time	Certified Copy
	Mail out Will wait	Photocopy Certificate of Status
		9000045756096
	NEW FILINGS	91000-453
	Profit	Amendment
	NonProfit	Resignation of R.A., Officer/Director
	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
	Other	Merger
	OTHER FILNGS	REGISTRATION/ QUALIFICATION
	Annual Report	JAN TILL SANTAL AND
	Fictitious Name	Limited Partnership
	Name Reservation	Baintenment 1 1 W.
		Trademark 19 19 19 19 19 19 19 19 19 19 19 19 19
		Other Examiner's Initials

ARTICLES OF INCORPORATION

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

The under signed 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: MOLIS MEDICAL & DIAGNOSTIC CENTER INC.

ARTICLE II PRINCIPAL OFFICE:

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

8851 N.W. 119 STREET SUITE #2213 HIALEAH GARDEN, FL 33018

ARTICLE III - SHARES:

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE HUNDRED TO \$1.00 EACH (500)

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is:

REYNALDO RUIZ

8851 N.W. 119 STREET SUITE #2213 HIALEAH GARDEN, FL 33018

ARTICLE V - INCORPORATOR (S):

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

REYNALDO RUIZ 8851 N.W. 119TH. STREET SUITE #2213 HIALEAH GARDEN, FL 33018

ARTICLE VI - DIRECTOR (S):

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

REYNALDO RUIZ

100% OWNER (500 SHARES)

8851 N.W. 119TH. STREET SUITE #2213 HIALEAH GARDEN, FL 33018

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

_6_day of SEPTEMBER , \$2001

REYNALDO RUIZ

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

01 SEP -7 PM 2: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: MOLIS MEDICAL & DIAGNOSTIC CENTER
- 2. The name and address of the registered agent and office is:

REYNALDO RUIZ 8851 N.W. 119TH, STREET SUITE #2213 HIALEAH GARDEN, FL 33018

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 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.

REYNALDO RUIZ

DATE: ___09/06/2001