LAMRUSCS IPOLATIFA NG VARVICE 332 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973	9000046176591
TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	*****78.75 *****78.75
į	OFFICE USE ONLY
1. HEGO MED & ASSOCIATION NAME(S) & DOCUMENT NUMBER 1. HEGO MED & ASSOCIATION NAME(S) (Corporation Name) 3. (Corporation Name) 4. (Corporation Name) Walk in Pick up time 2,60	(Document #) (Document #) (Document #) (Document #)
Mail out Will wait Photocopy	(Document #) Certified Copy Certificate of Status
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OTHER FILINGS Annual Report Fictitious Name Name Reservation Reinstatement Trademark Other	

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:

HEGO MED & ASSOCIATE INC.



ARTICLE II - PRINCIPAL OFFICE

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

7811 CORAL WAY SUITE 134 MIAMI FL 33155

ARTICLE III -SHARES

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

1,000.00 SHARES OF \$1.00

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAYRA SIXTO
7811 CORAL WAY SUITE 134
MIAMI, FL 33155.

ARTICLE V - INCORPORATOR

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

MAYRA SIXTO
7811 CORAL WAY SUITE 134
MIAMI FL 33155

The undersigned incorporator has executed these Articles of Incorporation this 28___ day of SEPTEMBER____ 20_01_

Signature

ARTICLE VI- DIRECTOR(S)

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

MAYRA SIXTO 7811 CORAL WAY SUITE 134 MIAMI, FL 33155

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