OFFICE USE ONLY

(Corporation Name)	EDICAL SEIZVICE CORD.
(Corporation Name)	(Document #)
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Walk in Pick up time	Certified Copy
Mail out Will wait	(Document #) (Document #) (Continue of Status) (Document #) (Document #) (Document #) (Continue of Status) (Document #) (Document #)
NEW FILINGS	AMENDMENTS AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
	107
OTHER FILNGS	REGISTRATION
Annual Report	QUALIFICATION
Fictitious Name	Foreign
	Limited Partnership

Trademark

Examiner's Initials

Other

Date OCTOBER 17,2001

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Tallahassee, Fl. 32314	
ReH.L.0	O. MEDICAL SERVICE CORP. , Inc.
	(name of corporation)
Gentlemen:	
Enclosed please find the original check in the amount of \$	and one copy of Articles of Incorporation, together with my
This represents the cost of the Fi Fee for Registered Agent Design	iling Fees, Certified Copy of Articles of Incorporation and nation for the above named corporation.
	Very truly yours,
	(individual's name)
	H.L.O. MEDICAL SERVICE CORP.
	(name of corporation)
	MAILING ADDRESS OF CORPORATION
	15865 S.W. 71 TERRACE
	MIAMI FLORIDA 33193
	PHONE (786)512-3911
	(305) 387-8304
	Area Code Phone Number

ARTICLES OF INCORPORATION

H.L.O.MEDICAL SERVICE CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

H.L.O. MEDICAL SERVICE CORP.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 500 HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	HII	RAM A.S	SANCH	EZ							
ADDRE	SS	15865	s.W.	71	TERRACE		-			-	
CITY	MIAMI	_		·		STATE	FLORIDA	ZIP	33193	-	

The principal office, if known, or the mailing address of the corporation is:

NAME	H.L.O.	MEDI	CAL	SIRVICE	CORP.				.50.**-	
ADDRESS	15865	s.w.	71	TERRACE					,	
CITY	MIAMI				STATE	FLORIDA	ZIP	33193	-	

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE 1 1 directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less that none (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME HIRAM A. SANCHEZ	PRESIDENT		
ADDRESS 15865 S.W. 71 TERRACE			
CITY MIAMI	STATE FLORIDA	ZIP 33193	
NAME	. }		
ADDRESS	-		
CITY	STATĖ	ZIP	
NAME		······································	
ADDRESS		-	
CITY	STATE	ZIP	_

Article VII - INCORPORATORS

NAME HIRAM A. SANCHEZ	· -		-	· <u> </u>
ADDRESS 15865 S.W. 71 TERRA	ACE -	·····	· · · · · · · · · · · · · · · · · · ·	
NTY MIAMI	STATE FLO	RIDA	ZIP 33193	
IAME	***************************************			· · · · · · · · · · · · · · · · · · ·
ADDRESS				· —
CITY	STATE	1	ZIP	
NAME				
ADDRESS				
CITY	STATE	_	ZIP	
<u>*</u>	4			(Seal)
				(Seal)
				
STATE OF FLORIDA)	27 1224		
STATE OF FLORIDA COUNTY OF MIAMI-DADE) SS 594-)	37-1334		- -
	SS 594-	the State ar	nd County set f	orth above,
COUNTY OF MIAMI-DADE before me, a Notary Public authorized to personally appeared	SS 594-	the State and th	L6-78-418-	orth above,
before me, a Notary Public authorized to personally appeared Signature	SS 594-	#S 522-1 Form	16–78–418– n of Identification	orth above,
before me, a Notary Public authorized to personally appeared Signature Signature chown to me and known to be the person(s) who executed the executed the person of the	SS 594-	#S 522-1 Form Form reporation, who a relied upon the	16-78-418- n of Identification n of Identification of Identification cknowledged before	orth above,
before me, a Notary Public authorized to personally appeared Signature Signature chown to me and known to be the person(s) who executed the executed the person of the	SS 594- o take acknowledgments in FL.DL. FL.DL.	#S 522-1 Form Form reporation, who a relied upon the senot taken.	n of Identification of Identification of Identification of Identification cknowledged befor	orth above, O
before me, a Notary Public authorized to personally appeared —Signature Signature Signature chown to me and known to be the person(s) who executed the person as indicated opposite the above named person as indicated opposite.	o take acknowledgments in FL.DL. FL.DL. auted the foregoing Articles of Incoese articles of Incorporation, that the each name, and that an oath was	#S 522-1 Form Form reporation, who a refied upon the short taken.	16-78-418- n of Identification n of Identification of Identification cknowledged befor form of iden County and State Ia	orth above, O
before me, a Notary Public authorized to personally appeared Signature Signature Signature known to me and known to be the person(s) who executed the of the above named person as indicated opposite	o take acknowledgments in FL.DL. FL.DL. The second articles of Incorporation, that it each name, and that an oath was Witness my hand and of	#S 522-1 Form Form reporation, who a refied upon the short taken.	16-78-418- n of Identification n of Identification of Identification cknowledged befor form of iden County and State Ia	orth above, O

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

H.L.O. MEDICAL SERVICE CORP.	
(name of corporation)	
•	
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:	

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 15865 S.W. 71 TERRACE_

MIAMI, FLORIDA 33193

has named HIRAM A. SANCHEZ

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)