Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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FLORIDA PROFIT CORPORATION OR P.A.

il junior medical service, inc.

Certificate of Status	0
Certified Copy	1
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January 28, 2002

EMPIRE

SUBJECT: JL JUNIOR MEDICAL SERVICE, INC.

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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:

J L JUNIOR MEDICAL SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

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

793 WEST 32 STREET HIALEAH FL 33012 ARTICLE III SHARES

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

100 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

OSMANI DORTA 793 WEST 32 STREET HIALEAH FL 33012

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SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE V INCORPORATOR(S)

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

OSMANI DORTA 793 WEST 32 STREET HIALEAH FL 33012

ARTICLE VI OFFICERS

President OSMANI DORTA 100 %

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

(An additional article must be added if an effective date is requested.)

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

H 02000024158 CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

The name of the corporation is:

J L JUNIOR MEDICAL SERVICE, INC.

1. The name and address of the registered agent and office is:

OSMANI DORTA	_	
NAME	15 20 17 30	SEG
793 WEST 32 STREET	JAN 29	RETAIL
(P.O. BOX OR MAIL DROP BOX NOT ACCEPTABLE)	-	
HIALEAH FL 33012	AM II: 53	SINIE
(CITY/STATE/ZIP)	•	91

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE) 01/26/2002 (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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