

PO2000027066

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
2002 MAR -5 PM 2:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: Med Professional Services, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Tania Rodriguez
Name (Printed or typed)

12360 SW 188 Terr
Address

Miami, FL 33177
City, State & Zip

786-246-4594
Daytime Telephone number

800005043958--8
-03/05/02--01055--002
*****78.15 *****78.15

NOTE: Please provide the original and one copy of the articles.

1/3/02
3/12/02

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Med Professional Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

12360 SW 188 Terr
Miami, FL 33177

ARTICLE III SHARES

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

1000 Shares Common Stock NPV

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Tania Rodriguez
12360 SW 188 Terr
Miami, FL 33177

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

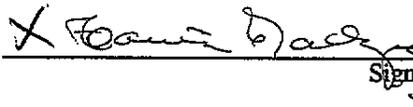
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Tania Rodriguez, President, Treasurer, Secretary
12360 SW 188 Terr
Miami, FL 33177

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

08 day of February ~~19~~ 2002

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



Signature

Signature

Signature

Notarization is not required

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

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SECRETARY OF STATE
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**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.

1. The name of the corporation is Med Professional Services, Inc.

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

Tania Rodriguez

(NAME)

12360 SW 188 Terr

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, FL 33177

(CITY/STATE/ZIP)

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)

2/8/02
(DATE)