OFFICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.00 Certified Copy Certificate of Status Mail out Will wait Photocopy AMENDMENTS j NEW FILINGS Amendment Prolit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatemen

Trademark

Examiner's Initials

Other

CR2E031(9/92)

ARTICLES OF INCORPORATION

02 MAR 29 PM 2: 35
SECRETARY OF STAIL
TALLAHASSEE FLORID.

OF

Y L MEDICAL SERVICES, INC.

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:

Y L MEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

· 454 NW. 22 AVE. SUITE 200, MIAMI, FL 33135

ARTICLE III CAPITAL STOCK

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

500 SHARES AT \$ 1.00 EACH

ARTICLE IV-INITIAL REGISTERED AGENT AND

ADDRESS:

The name and address of the initial registered Agent is:

YUNTOR LORENZO 601 EAST 21 STREET #4 HIALEAH,FL 33013

ARTICLE V-INCORPORATOR(S)

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YUNIOR	LORENZO.	-DPVST60	1 EAST	21	STREET	#	4, HTALEAH, FL.	33013.	500	SHARE

ndersig poratio	ned has (have	executed t	hese Articles of
28	day of]	1ARCH	2002
		O)	
		Shar	1

Signature/Title

PRESIDENT

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION 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.

·
1The name of the corporation is: Y L MEDICAL SERVICES, INC.
2The name and address of the registered agent and office is:
YUNTOR LORENZO
(NAME)
601 EAST 21 STREET # 4
P.O. Box not acceptable
HTALEAH, FL 33013.
(CITY/STATE/ZIP
SIGNATURE SINGLE SIGNATURE
(Correlate Officer)
TITLE /
DATE MARCH 28,2002
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 amplifications of my position, as Registered with and accept the obligations of my position, as Registered.
Agent. SIGNATURE Jun our SIGNATURE
SIGNATURE W
DATE MARCH/28,2002/