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MIAMI, FLORIDA <u>(305)</u> 552-5973	
<u>TERESA ROMAN (TALLAHASSEE REPRESENTATI</u>	OFFICE USIC ONLY
1. JAND G MEDICAL (Corporation Name) 2.	_
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #) (Document #) (Certified Copy
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Profit Amendment NonProfit Resignation	of R.A., Officer/Director Registered Agent
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Trademark

Examiner's Initials

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:

Jand. G medical services corp.

ARTICLE II - PRINCIPAL OFFICE

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

40 NW 55 CT MATAMI FL, 33 126.

<u>ARTICLE III -SHARES</u>

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOAquin Barcelo 40 NW 55 CH MIAMI FL. 33126

ARTICLE V - INCORPORATOR

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

Dongvin Barcelo

Gustavo Valdes 40 NW 55CT

The undersigned incorporator has executed these Articles of MIAMI FL. Incorporation this 12 day of Dune 1 2002 33126

ARTICLE VI- DIRECTOR(S)

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

President Gustavo Valdes (50%)
Vice President Donquin Barcelo (50%)
40 NW SSCT MIAMI FL, 33126.

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