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(City, State, Zip) (Phone #)

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CORPORATION NAME(S)	&	DOCUMENT NUMBER(S) (if known):
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1.	I. M.D. CARE #1 HEALTH CARD) INC.	Ϋ́
2.	(Corporation Name) (Docum	nent#)	
3. 4.	(Corporation Name) (Docur	nent #)	
78.	(Corporation Name) (Docum	Certified Copy	••
	Mail out Will wait Photocopy	Certificate of Status	

~		NEW FILINGS
	\times	Profit
		NonProfit
		Limited Liability
		Domestication
		Other

OTHER FILNGS
Annual Report
Fictitious Name
Name Reservation

	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
_	Dissolution/Withdrawal
	Merger

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

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Examiner's Initials

CR2E031(9/92)

`ARTICLES OF INCORPORATION FOR M.D. CARE #1 HEALTH CARD, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

M.D. CARE #1 HEALTH CARD, INC.



ARTICLE II PRINCIPAL OFFICE

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

5300 NW 77 CT. STE: 202 MIAMI, FL 33166

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 100

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent shall be:

LUCY MALLADA 5300 NW 77 CT. STE: 202 MIAMI, FL 33166

ARTICLE V _ INCORPORATOR

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

> LUCY MALLADA 5300 NW 77 CT. STE: 202 MIAMI, FL 33166

<i>()</i>	
Kurk Hallose	6/20/02
Signature of Incorporator	Date

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the Director(s)/Officer(s) shall be:

LUCY MALLADA (P) 5300 NW 77 CT. STE: 202 MIAMI, FL 33166

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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.