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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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02 JUN 24 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.
SERVISALUD, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03 (4)
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION
OF

SERVISALUD, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The Name of the corporation shall be:

SERVISALUD, INC.

The principal place of business of this corporation shall be:

3929 ADRA AVE.
Miami, FL 33178

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

Aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any time is one hundred shares (100) at \$5.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Tony D. Montan & Co
ACCOUNTANTS
305-271-0395

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TALLAHASSEE, FLORIDA

ARTICLE V OFFICERS/DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected is (are):

DIRECTOR/PRESIDENT RAFAEL SANTANA 40 SHARES
 3929 ADRA AVE
 MIAMI, FL 33178

DIRECTOR/VICE-PRES EUDYS CLARK 40 SHARES
 7234 NW 108th Ct
 MIAMI, FL 33178

DIRECTOR/SECRETARY HECTOR CANELON 20 SHARES
 3929 ADRA AVE
 MIAMI, FL 33178

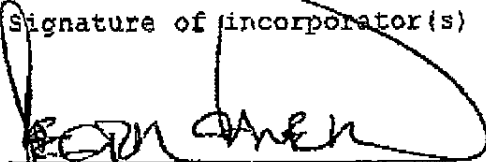
ARTICLE VI INCORPORATOR(S)

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

HECTOR CANELON
3929 ADRA AVE
Miami, FL 33178

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed the Articles of Incorporation this 20TH day of JUNE, 2002.

Signature of incorporator(s)


HECTOR CANELON

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

SERVISALUD, INC.

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

HECTOR CANELON
3929 ADRA AVE
MIAMI, FL 33178

SIGNATURE: Hector Canelon

TITLE: Secretary

DATE: 06/20th/2002

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE: Hector Canelon

DATE: 06/20th/2002

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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