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SLUNETARY OF STATE TALLAHASSEE, FLORIDA

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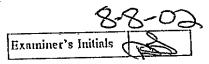
CORPORATION NAME(s) & DOC	UMENT NUMBER(S) (if known):	
1. DESTINY MED	DICAL SERVICES IN.	<u>C.</u>
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(Conjointion Name)	(Document #)	OZ AU
(Corporation Name)	(Document #)	
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	\times	L tofit
		NonProfit
		Limited Liability
		Domestication
		Other

iggi 1 Nasawa	AMENUMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

(p. 2) 20 000	OTHER FILNGS
	Annual Report
	Fictitious Name
	Name Reservation

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	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other



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SLUNETANT OF STATE TALLAHASSEE, FLORIDA

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.

<u>ARTICLE I - NAME</u>

The name of the corporation shall be: DESTINY MEDICAL SERVICES INC.

ARTICLE II - PRINCIPAL OFFICE

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

7065 W 3CT hialeak F/ 33014

ARTICLE III -SHARES

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:

JUAN G. LEIVA 7065 W Jet hiAlEAL Fl. 33014

<u> ARTICLE V – INCORPORATOR</u>

The name and street address of the incorporator to these Articles of Incorporation is: TUAN, G. CEIVA

7065 w 3ct

HALEAL FL 53014

The undersigned incorporator has executed these Articles of Incorporation this _7_ day of _#UBOST ___ 2002

Signature

ARTICLE VI- DIRECTOR(S)

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

JUAN. G. LEIVA 7065 W 3CT hiAleAL Fl. 33014 PRESIDENT

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