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OFFICE USE ONLY(DOCUMENT#) LAZARUS CORPORATE FILING SERVICE <u>3320 S.W. 87 AVENUE</u> MIAMI, FLORIDA (305)552-5973 100007510801--8 -09/04/02--01041--002 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): FEMEDICAL GROUP (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Rick up time 2, 00 Certified Copy Certificate of Status Will wait Photocopy Mail out AMENUMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProlit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION OTHER FUNGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation SEP Reinstatement F. CAMECHER Trademark Other Examiner's Initials

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:

Long. life. Medical Group INC"

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SECRETARY OF STATE
TAIL LAHASSEE, FLORIDA

ARTICLE II - PRINCIPAL OFFICE

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

587. S.W. 22 AVE. Miami Florida. 33135

ARTICLE III -SHARES

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

100 Shares

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Miriam. G. Hernandez.

587.5W.22 Due.

Miami Florido. 33135.

ARTICLE V - INCORPORATOR

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

Miriam. HERNANDEZ.

587.5W. 22 DV4. MiDNT FLORIDO. 33135.

The undersigned incorporator has executed these Articles of Incorporation this _____ day of ______ 20____

ARTICLE VI- DIRECTOR(S)

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

President MiniAM. G. HARNANDEZ.

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Mioni Fhorido. 33139

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SECRETARY OF STATE
NATIONAL ANASSEE, FLORID

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.

Régistered Agent Signature