Division of Corporations

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

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (305)673-0347
Fax Number : (305)532-0738

FLORIDA PROFIT CORPORATION OR P.A.

MEDICAL CARE MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	$70.00

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be :
MEDICAL CARE MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is :
8935 NW 27TH ST.
MIAMI, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:
1500 COMMON SHARES PAR VALUE $.10

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

Director, President :
TONY RIVES
8935 NW 27TH ST.
MIAMI, FL 33172

Vice President :
RUBEN RIVES
8935 NW 27TH ST.
MIAMI, FL 33172

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

TONY RIVES
8935 NW 27TH ST.
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

TONY RIVES
8935 NW 27TH ST.
MIAMI, FL 33172

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature / Registered Agent — Date: 9/3/02

Signature/Incorporator — Date: 9/3/02

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