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OFFICE USE ONLY(DOCUMENT#) LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) 900007824919---09/18/02--01033--032 (Document #) (Document #) (Corporation Name) Certified Copy Walk in Pick up time Certificate of Status Photocopy Will wait 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 FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstalement Trademark

Other

30/10/11/10/07)

Examiner's Initials

FLED

ARTICLES OF INCORPORATION

2002 SEP 18 PM 2: 03

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

ARTICLE I - NAME

The name of the corporation shall be:

Oclar Medical Group Inc.

2223 Sw 137 PL.

MIAM. FIB 3317-8-

ARTICLE II - PRINCIPAL OFFICE

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

2223 SW 137PL WIBM FIR 33175

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:

DAUID QUINTERO 2223 STU-137 PC. MIDMI FIB 37175

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ARTICLE V - INCORPORATOREP 18 PM 2: 03

ARTICLE VI- DIRECTOR(S)

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

DAVID QUINTERO (P) 2223 SW137PL. WAMI FIB 33175

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