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Florida Department of State
Division of Corporations
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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

FILED
2002 SEP 24 AM 6:22
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

P.C.F. MEDICAL CONSULTANTS INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

09.25.02

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:

P.C.F. MEDICAL CONSULTANTS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**11213 RHAPSODY ROAD
COOPER CITY FL. 33026**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTANT

ARTICLE IV SHARES

The number of shares of stock is: **10000**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

**PETE FENCERILLA
11213 RHAPSODY ROAD
COOPER CITY FL 33026**

ARTICLE VI REGISTERED AGENT

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

**PETE FENCERILLA
11213 RHAPSODY ROAD
COOPER CITY FL 33026**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**PETE FENCERILLA
11213 RHAPSODY ROAD
COOPER CITY FL 33026**

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

x Pete C. Fencerilla
Signature/Registered Agent

x 9/24/02
Date

x Pete C. Fencerilla
Signature/Incorporator

x 9/24/02
Date

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STATE
TALLAHASSEE, FLORIDA