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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION NAME(S) & DOCUMENT NUMBER	BER(S) (if known):
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	Domestication
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(Corporation Name)

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Pick up time

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

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	Annual Report
	Fictitious Name
	Name Reservation

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	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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Examiner's Initials

3.

# ARTICLES OF INCORPORATION 02 0CT -8 PM 1:29

The undersigned Incorporator(s), for the purpose of forming a TALLARY OF STATE 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:

N R MEDICAL SERVICES, INC.

## ARTICLE II - PRINCIPAL OFFICE

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

780 S.E. 1ST ST. HIALEAH, FL 33010.

#### ARTICLE III -SHARES

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

500 SHARES AT \$ 1.00 EACH.

## ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAMON E DE LOS SANTOS 780 S.E. 1ST ST. HIALEAH,FL 33010. ARTICLE V - INCORPORATOR

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

RAMON E DE LOS SANTOS.-780 S E 1ST ST.HIALEAH, FL 33010

The undersigned incorporator has executed these Articles of Incorporation this 07 day of 00T 2002

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

ARTICLE VI- DIRECTOR(S)

RAMON E DE LOS SANTOS.-780 S E 1ST ST.HIALEAH,FL 33010

# 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.

Astered Agent Signature