1534 0112 OFFICE U 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) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.00 Certified Copy Certificate of Status Mail out Will wait Photocopy **AMENDMENTS NEW FILINGS** Amendment Rrofit Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

CR2E051 (9/92)

γ_{c} .ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: MRF MEDICAL SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

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

15021 S.W 150 ST MIAMI, FL 33196

ARTICLE III SHARES

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

ONE HUNDRED SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT

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

MARTA R. FERNANDEZ 15021 S.W 150 ST MIAMI, FL 33196

ARTICLE V INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation are:

MARTA R. FERNANDEZ (President) 15021 S.W 150 ST MIAMI, FL 33196

Signature / Incorporator Date

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature / Registered Agent

/0/17/00 Date