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DEFICE USE ONLY(DOCUMENT #) LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

	REPRESENTATIVE)
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CORPORATION NAME(S) & 1	DOCUMENT NUMBER(S) (if known):
(Corporation Name)	(Document #)
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OTHER FILNGS	REGISTRATION/ QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
	Trademark
	Other

Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

AB MEd, Corp

ARTICLE II - PRINCIPAL OFFICE

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

215 SW 17 ATR. Suite # 212 Hearni F/ 33135

ARTICLE III -SHARES

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

1000 Shares of \$ 1.00.

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Barbahava Mariño: 215 SW 17AVE SUITE #212 Miami F/ 33135

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ARTICLE V - INCORPORATOR

TALLAHASSEE FLORIDA

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

Barbahava MARINO - President. 215 SW 17 Ave Buite # 212. Marin Fl.

The undersigned incorporator has executed these Articles of Incorporation this 5 day of 4 wefner 20 02.

Signature

ARTICLE VI- DIRECTOR(S)

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

Barbahava Marino 215 SW 17 Ave, Suite# 212 Mari F/ 33735

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 Stanature