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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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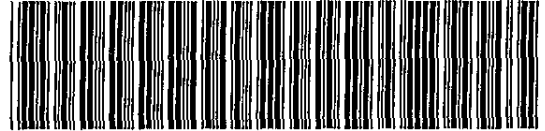
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Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

Elite Medical Marketing,
INC.

- ☒ Profit
☐ NonProfit
☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☒ Certified Copy
☐ Call When Ready
☐ Walk In
- ☐ Amendment
☐ Dissolution
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call If Problem
☐ Will Wait
- ☐ Merger
☐ Mark
☐ Other
☐ Change of Registered Agent
☐ Certificate Under Seal
☐ After 4:30
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- ☒ Pick Up

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Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

of

ELITE MEDICAL MARKETING, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

ELITE MEDICAL MARKETING, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	BONNIE MILLER		
ADDRESS	9050 PINES BLVD. STE. 384		
CITY	PEMBROKE PINES	FLORIDA	ZIP 33024

The principal office, if known, or the mailing address of the corporation is:

NAME	ELITE MEDICAL MARKETING, INC.		
ADDRESS	8523 NE GALLBERRY CIRCLE		
CITY	PORT ST. LUCIE	FLORIDA	ZIP 34952

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DIVISION OF CORPORATIONS

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

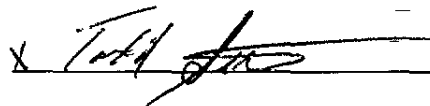
NAME	TODD STOLFI		
ADDRESS	8523 NE GALBERRY CIRCLE		
CITY	PORT ST. LUCIE	STATE	FLORIDA ZIP 34952
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	TODD STOLFI		
ADDRESS	8523 NE GALBERRY CIRCLE		
CITY	PORT ST. LUCIE	STATE	FLORIDA ZIP 34952
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 31st day of DECEMBER, 2002.

 (Seal)
 _____ (Seal)
 _____ (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

ELITE MEDICAL MARKETING, INC.

(name of corporation)

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DIVISION OF CORPORATE
REGISTRATION

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 9050 PINES BLVD. STE. 884

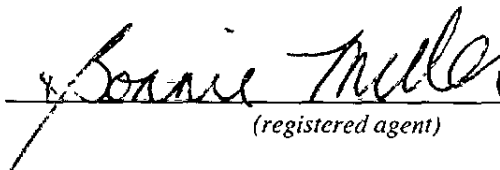
PEMBROKE PINES, FL. 33024

has named BONNIE MILLER

located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated
corporation at the place designated in this certificate, and being familiar with the obliga-
tions of that position, I hereby accept to act in this capacity, and agree to comply with the
provisions of Florida Law in keeping open said office.


(registered agent)