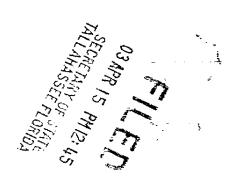
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1. <u>L. & T. M.E.</u> (Corporado) 2.	DICAL SE	(Document #)	 /	
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NEW FILINGS	AMI	ENDMENTS		
Profit	Amendme	nt		
NonProfit - 313 1	Resignatio	n of R.A., Officer/Director		
. Limited Liability	Change of	Registered Agent		
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OTHER FILINGS	REGISTI QUALIFIC	RATION/ CATION		
Annual Report	Foreign			
Fictitious Name	Limited Pa	rtnership		
Name Reservation	Reinstaten	gent		

Trademark

Examiner's Initials

Other

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:

LET MEDICAL SERVICE, INC.



ARTICLE II - PRINCIPAL OFFICE

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

4900 SW TY COURT MIAMI, FC 33155.

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

OR (ANDO TORRES. 4900 SW 74 COURT. MIAMI, EC 33155

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:	F
ORIANDO TORRES. 4900 SW 74 COURT. MIAMI, EL 33155	•
4900 SW TY COURT	
Mi'Ami, EC 33155	
The undersigned incorporator has executed these Articles of Incorporation this 14 day of APRIL 2003	
x Oclando Torres	
Signature	

ARTICLE VI- DIRECTOR(S)

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

OR(ANDO TORRES (PRESIDENT) 4900 SW DY COURT WIAMI; FC 33155

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 TO THE TOTAL PROPERTY OF THE PARTY OF THE PA 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 Signature