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03 MAY -1 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 APR 30 AM 11:36
STATE REGISTRATIONS
TALLAHASSEE, FLORIDA

5-1-03
[Signature]

W03-12361

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. 4 NEW MEDICAL CONCEPT INC.
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 30, 2003

LAZARUS

SUBJECT: 4 NEW MEDICAL CONCEPT INC.
Ref. Number: W03000012361

RECEIVED
03 MAY - 1 11:52
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for 4 NEW MEDICAL CONCEPT INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

CHECK THE NAMES THUR OUT YOUR DOCUMENT. IS THIS MANUEL FRAGA (JR)?,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6930.

Donna Graves
Document Specialist
New Filings Section

Letter Number: 203A00026339

FILED

03 MAY -1 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

NEW MEDICAL CONCEPT INC.

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.

NEW MEDICAL CONCEPT INC.

ARTICLE I - NAME

The name of the corporation shall be:

NEW MEDICAL CONCEPT INC.

ARTICLE II - PRINCIPAL OFFICE

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

PO. BOX: 557432 MIAMI FL, 33255

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:

MANUEL FRAGA JR.
351 NW LE JEUNE RD
MIAMI FL. 33126

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03 MAY -1 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

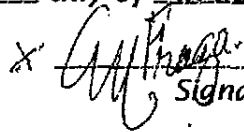
The name and street address of the incorporator to these Articles of Incorporation is:

LIZETTE SANTOS (PRESIDENT.)
P.O. BOX: 557432 MIAMI FL, 33255

Manuel FRAGA JR. (VICE PRESIDENT)

PO BOX: ~~557432~~ MIAMI FL, 33255

The undersigned incorporator has executed these Articles of Incorporation this 15 day of APRIL 2003

x 
Signature


ARTICLE VI- DIRECTOR(S)

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

LIZETTE SANTOS P.O BOX: 557432 MIAMI FL, 33255 (PS)
MANUEL FRAGA JR. P.O. BOX: 557432 MIAMI FL. 33255
VICE PRESIDENT.

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.

x 
Registered Agent Signature