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(Requestor's Name)		
(izedneam) 2 Marie)		
Dr. Benny Menendez Z169 Via Firenze Boca Raton FL 33433		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Dod	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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- - MAY 0 9 2003

April 28, 2003

SECRETARY OF STATE DIVISION OF CORPORATIONS STATE OF FLORIDA 409 E. Gaines Street Tallahassee, FL 32399

RE: MENENDEZ MEDICAL SERVICES, INC.

ENCLOSED HEREWITH ARE THE ARTICLES OF INCORPORATION TOGETHER WITH A COPY OF SAID ARTICLES FOR MENENDEZ MEDICAL SERVICES, INC. AND A CHECK IN THE AMOUNT OF \$ 70 FOR THE FOLLOWING:

FILING FEE CHARTER TAX REGISTERED AGENT

PLEASE BE ADVISED THAT I DO NOT REQUEST A CERTIFIED COPY OF THE ARTICLES OF INCORPORATION.

RESPECTFULLY SUBMITTED,

BENNY MENENDEZ, INCORPORATOR

ARTICLES OF INCORPORATION

MENENDEZ MEDICAL SERVICES, INC.

The undersigned incorporator to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

FIRST: The name of the corporation is:

MENENDEZ MEDICAL SERVICES, INC.

SECOND: The corporation may engage in the transaction of any and all lawful activity or business for which corporations may be incorporated and permitted under the laws of the United States and of the Sate of Florida.

THIRD: The aggregate number of shares of stock that this corporation is authorized to issue is ONE THOUSAND SHARES of one class only: Common stock having NO par value.

FOURTH: The street address of the initial principal office of the corporation is 7169 Via Firenze, Boca Raton, Florida 33433.

FIFTH: The name and street address of the member of the first Board of Directors is identical to that of the incorporator shown in paragraph six.

SIXTH: The name and address of the incorporator:

NAME Benny Menendez ADDRESS 7169 Via Firenze Boca Raton, FL 33433

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 28th day of April, 2003.

Benny Menendez

ARTICLES OF INCORPORATION

MENENDEZ MEDICAL SERVICES, INC.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

Pursuant to Florida Statutes, the following is submitted, in compliance therewith;

FIRST: That Menendez Medical Services, Inc., desiring to organize under the laws of the State of Florida with its principal office as indicated in the articles of incorporation, in the city of Boca Raton, County of Palm Beach, State of Florida, has named Benny Menendez, located at 7169 Via Firenze, Boca Raton, Florida 33433, as its agent to accept services of process within this state.

ACKNOWLEDGMENT

Having been named to accept services of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said act relative to keeping open said office.

BY:

Benny Menendez Registered Agent

