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	OCUMENT NUMBER(S) (if known):
1. TA ALEDICAL (Corporation Name)	SERVICES GROUP, INC.
2.	(Boddment # / /
(Corporation Name)	(Document #)
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4, (Corporation Name)	(Document #)
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Annual Repolt	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
	Trademark
	Other Examiner's Initials
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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:

R A MEDICAL SERVICES GROUP, INC.

03 MAY 16 PM 12: 47
SLCKLIARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - PRINCIPAL OFFICE

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

4995 NW. 72 AVE. SUITE 204 MIAMI, FL 33166

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:

ARTURO ELIAS ZAPATA 14941 SW. 82 TERR. APT 209 MIAMI,FL 33193-1499

ARTICLE V - INCORPORATOR

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

ARTURO ELIAS ZAPATA.-DPVST.-14941 SW. 82 TERR.APT 209, MTAMT, FL 33193-100% SH.

The undersigned incorporator has executed these Articles of Incorporation this 16 day of MAY 20 03

Signature)

ARTICLE VI- DIRECTOR(S)

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

ARTURO ELIAS ZAPATA.-14941 SW. 82 TERR. APT 209, MIAMI, FL 33193

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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 Signature