Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

AMBASSADOR MEDICAL GROUP INC.

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ARTICLE OF INCORPORATION

<u>of</u>

AMBASSADOR MEDICAL CROUP INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: AMBASSADOR MEDICAL GROUP INC.

The principal place of business of this corporation shall be:
6447 Mismi Lakes Dr. Enst
Suite 203
Mismi Lakes, Florida 33014

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ELOY RODRIGUEZ

DIRECTOR

DIRECTOR

7536 W. 5 LN.

HIALEAH, FLORIDA 33014

JESUS RUA 10271 NW. 125 ST.

HIALEAH GARDENS, FLORIDA 33014

ARTICLE VI INCORPORATOR (S)

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

KLOY KODRIGUEZ

PRESIDENT

(50 shares)

7536 W. 5 LN. MIALMAN, FLORIDA 33014

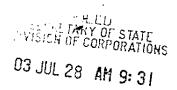
SECRETARY & TREASURER (50 shares)

JESUS RUA 10271 NW. 125 ST.

HIALEAH GARDENS, FLORIDA 33014
The undersigned has (have) executed these Article of Incorpora day of July _______, 200 3.

Signature/Title

Signature/Title



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

	,
_	
1.	The name of the corporation is:
	AMBASSADOR MEDICAL GROUP INC,
	,
2.	The name and address of the registered agent and office
	is ELOY RODRIGUEZ
	(Name)
	7536 w. 5 LN.
	(P. O. BOX NOT ACCEPTABLE)
	HIALEAN, FLORIDA 33014
	(CITY/STATE/ZIP)
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of i As i Thei Rela And	ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIREGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY STION AS MY POSITION AS REGISTERED AGENT.
-	SIGNATURE
	DATE 07-28-03