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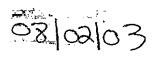
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SECRETARY OF STATE
TALLAHASSEF, FINALE

15/3063

TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Stop Injury Medical Center, Inc (Proposed corporate name - must include suffix) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: = \$ 70.00 <u>X</u> \$ 78.75 \$ 122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certificate Copy Certificate Copy & Certificate ADDITIONAL COPY REQUIRED FROM: Armando G. Ramos Name (Printed or typed) 9415 Rosewalk CT Address

NOTE: Please provide the original and one copy of the articles

Daytime Telephone number

Orlando, Fl 32825 City, State and ZIP

(407) 273-3734



ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I Name

The name of the entity to be incorporated shall be:

Stop Injury Medical Center, Inc.

ARTICLE II Principal Office

The principal place of business and mailing address of AFF corporation shall be:

7339 East Colonial Drive Suite 2 Orlando, FL 32807 03 JUL 25 PM 4: 18
SECIE TARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III Shares

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

300 Shares at \$ 2.00 each

ARTICLE IV Initial Registered Agent and Street Address
The name and Florida street address of the initial registered agent are:

Armando G. Ramos 9514 Rosewalk Ct Orlando, FL 32825 ARTICLE V Incorporators

The name and address of the incorporators of these Articles of Incorporation are:

Armando G. Ramos President 67 Shares 9514 Risewalk Ct Orlando, FL 32825

Julia Cisneros Vice-President 33 Shares 2431 NW 114th Terr
Miami, FL 33147

ARTICLE VI Effective Date

The effective date of starting business for this corporation shall be:

August 2nd, 2003

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent Armando G. Ramos 03 JUL 25 PH 4: 18
SECRETARY OF STATE
ALLAHASSEE. FLORID