Division of Corporations

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Florida Department of State

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To:

Division of Corporations

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From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305)634-3694

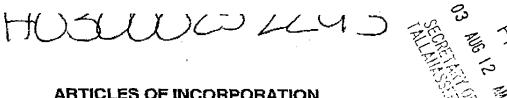
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FLORIDA PROFIT CORPORATION OR P.A.

progressive derm, inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
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ARTICLES OF INCORPORATION

OF

PROGRESSIVE DERM, INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: PROGRESSIVE DERM, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Fiorida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 400 EAST LINTON BLVD., SUITE G9, DELRAY BEACH, FL 33483.

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 500 shares common stock having an individual par value of .01,

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: H. GARY BERLIN, 6400 SAN MICHEL WAY, DELRAY BEACH, FL 33484.

ARTICLE VII

The name and address of the officers and initial board of directors shall be:

PRES/SEC/DIR BRENT M. SCHILLINGER

400 EAST LINTON BLVD. SUITE G9 DELRAY BEACH, FL 33483

ARTICLE VIII

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

Empire Corporate Kit of America, Inc. 2444 N.W 7th PLACE MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 12TH

day of AUGUST, 2003.

Ray Stormont Signing for

Empire Corporate Kit of America, Inc.

WWW-UL

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT

O3 AUG 12 AM 9: 31
SECRETARY OF STATE
TALLAMASSEF FLORIDA

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