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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.

MED-ECLAIM, INC.

| | |
|-----------------------|---------|
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ARTICLES OF INCORPORATION
OF
MED-ECLAIM, INC.

The undersigned incorporator, 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 corporation shall be **MED-ECLAIM, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 7494 NW 33rd Street, Lauderhill, FL 33319.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five hundred (500) shares having a par value of one dollar (\$1.00) per share.

ARTICLE IV: PURPOSE OF CORPORATION

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

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ARTICLE V: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is Marie G. Muirhead, 7494 NW 33RD Street, Lauderhill, FL 33319.

ARTICLE VI: BOARD OF DIRECTORS AND OFFICERS

The name and address of the Board of Directors to these Articles of Incorporation are:

(P/S)


Marie G. Muirhead
7494 NW 33RD Street
Lauderhill, FL 33319

(VP/T)

Mark Neil Wetherbee
2500 E. Las Olas Blvd, Suite 809
Ft. Lauderdale, FL 33301

The undersigned officers have executed these Articles of Incorporation this 14th day of August, 2003.


Marie G. Muirhead


Mark Neil Wetherbee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Corporation is **MED-ECLAIM, INC.**
2. The name and address of the registered agent and office is:

Marie G. Muirhead
7494 NW 33RD Street
Lauderhill, FL 33319

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.



Marie G. Muirhead



August 14, 2003

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TALLAHASSEE, FLORIDA

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