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CORPORATION NAME(S) & DO	OCUMENT NUMBER(S) (if known):	
1. SOBE MEDIC	PAL SERVICES INC.	
(Corporation Name) 2.	(Document #)	
(Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
4. (Corporation Name)		
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Other	Merger	
OTHER FILINGS	REGISTRATION	
Annual Report	QUALIFICATION	
Fictitious Name	Foreign Limited Partnership	
Name Reservation	Reinstatement	
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	Author S Introlo	

CR2E031(9/92)

## 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:

SOBE Medical SERVICES Inc.

# ARTICLE II - PRINCIPAL OFFICE

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

634 SH 63 AVE Miami, FL 33144

# <u>ARTICLE III -SHARES</u>

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PEDRO TAVERAS 634 SN 63 AVE Miami FL 33 144

#### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:  $P_{EDRO}$  TAVERAS

634 SH 63 AVE

Miami FL 33144

The undersigned incorporator has executed these Articles of Incorporation this 11 day of September 2003

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

### ARTICLE VI- DIRECTOR(S)

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

PEDRO TAVERAS
634 SH 63AVE
Miami FL 33144

President

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 Lam familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature