

**P03000104500**

Florida Department of State  
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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  
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**FLORIDA PROFIT CORPORATION OR P.A.**

**M & M HEALTH NETWORKS INC.**

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ARTICLES OF INCORPORATION  
OF

M & M HEALTH NETWORKS 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:

M & M HEALTH NETWORKS INC.

The principal place of business of this corporation shall be:

1287 NW 31 STREET MIAMI, FL 33142

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 States, 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 value that this corporation is authorized to have outstanding at any one time is: 100 shares @ \$1.00 par value

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) and director(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):

LUIS IGLESIAS  
1287 NW 31 STREET  
MIAMI, FL 33142

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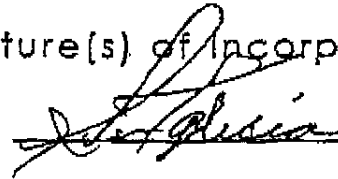
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

LUIS IGLESIAS  
1287 NW 31 STREET  
MIAMI, FL 33142

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 23 day of SEPTEMBER 2003

Signature(s) of Incorporator(s)

  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

M & M HEALTH NETWORKS INC.

2. The name and address of the registered agent and office is:

LUIS IGLESIAS 1287 NW 31 STREET

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33142

(CITY/STATE/ZIP)

SIGNATURE 

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE \_\_\_\_\_