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Division of Corporations

Fax Number

: (850)205-0381

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.

SUPERIOR CARE MEDICAL CENTER INC.

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ARTICLE OF INCORPORATION

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SUPERIOR CARE MEDICAL CENTER 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: SUPERIOR CARE MEDICAL CENTER INC.

The principal place of business of this corporation shall be: 1280 W. 46 ST. # 207 HIALEAH, FL. 33012

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 State, 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 par value that this corporation is authorized to have outstanding at any one time is:

100 X \$ 10.00 - \$1,000.00

ARTICLE IV TERM OF EXISTENCE

<u>ر العمل الشائ</u>رية في الم<u>نظلية النبي المعالم المنظلة المنظلة</u>

This corporation is to exist perpetually.

ARTICLE Y OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(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):

CARIDAD ACEVEDO

DIRECTOR

1280 W. 46 ST. # 207 HIALRAH, FL. 33012

OSVALDO TOLEDO 1940 NW. 86 AVE. DIRECTOR

PEMBROKE PINES, FL. 33024

ARTICLE VI INCORPORATOR (S)

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

CARIDAD ACEVEDO

PRESIDENT (50 shares)

1280 W. 46 ST. # 207 HIALEAH, FL. 33012

OSVALDO TOLEDO

VICE-PRESIDENT (50 shares)

1940 NW. 86 AVE.

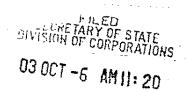
PEMBROKE PINES, FL. 33024

The undersigned has (have) executed these Article of Incorporation this 6th. day of October , 2003.

Cosidad Coeveds.

Signature/Title

Signature/Title



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 is:
	SUPERIOR CARE MEDICAL CENTER INC.
2:	The name and address of the registered agent and office
	is OSVALDO TOLEDO
	(Name)
	1940 NW. 86 AVE.
	(P. O. BOX NOT ACCEPTABLE)
	PEMBROKE FINES, FLORIDA 33024
	(CITY/STATE/EIP)
of i as i thei rely and	ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIREGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY ITION AS MY POSITION AS REGISTERED AGENT.
	DATE10-6-03