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DIVISION OF CORPORATION

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LAZARUS CORPORATE FILIN	G SERVICE			
3320 S.W. 87 AVENUE				
MIAMI, FLORIDA (305)552-5973				
MINING FLORIDA (303)332-3713				
		OFFICE USE ONLY		
CORPORATION NAME(S) & DC	CUMENT NUMI	BER(S) (if known):		
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(Corporation Name)		(Document #)	7	
2. (Corporation Name)	<u> </u>	(Document #)		
3. (Corporation Name)	<u> </u>	(Document #)		
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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: A & J MEDICAL CENTER, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II - PRINCIPAL OFFICE

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

7435 SW 128 CT MIAMI, FL 33183

ARTICLE III -SHARES

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

600 SHARES OF COMMON STOCK AT \$1.00 PAR VALUE.

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

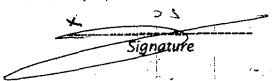
JUAN CARLOS VETAZQUEZ 7435 SW 128 CT MIAMI, FL 33183

ARTICLE V - INCORPORATOR

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

JUAN CARLOS VELAZQUEZ 7435 SW 128 CT MIAMI, FL 33183-

The undersigned incorporator has executed these Articles of Incorporation this _17TH day of _OCTOBER_______ 20_03_



ARTICLE VI- DIRECTOR(S)

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

JUAN CARLOS VELAZQUEZ 7435 SW 128 CT MIAMI, FL 33183 03 OCT 20 PM 12: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Registered Agent Signature

JUAN CARLOS VELAZQUEZ