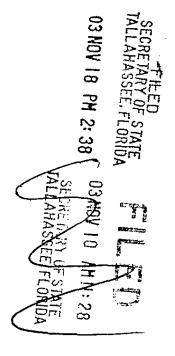


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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. HUMBERTO NOVALES MEDICAL SERVICES. (Corporation Name) 2. DSSO CIPTES LAC (Corporation Name) (Corporation Na	AZARUS CORPORATE F	ILING SERVICE
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ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The undersigned Incorporates(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:

HUMBERTO NOVALES MEDICAL SERVICES & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

470 N.W.22 AVE. MIAMI, FL. 33125

ARTICLE III SHARES

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

100 Shares of stock at \$5.00 each.

ARTICLE IV INITIAL REGISTERES AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

<u>CIRA DIAZ</u> 470 N.W. 22 AVE. MIAMI, FL. 33125

ARTICLE V INCORPORATOR(s)

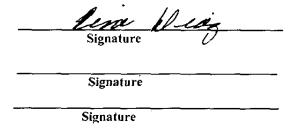
The name(s) and street address(es) of the incorporates(s) to these Articles of Incorporation is(are):

CIRA DIAZ 470 N.W. 22 AVE. MIAMI, FL. 33125 PRESIDENT

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

CIRA DIAZ 470 NW 22 AVE MIAMI, FL. 33125 PRESIDENT

The undersigned incorporates(s) has (have) executed these Articles of Incorporation this 11/17/03



HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE RESIGNATED IN THIS CERTIFICATE, I HEREBY ACCPET 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 M FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Registered Agent

O FM 2: 38