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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694

France : (305)634-3594 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

IR MEDICAL CENTER INC.

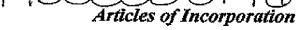
Certificate of Status	
Certified Copy	1
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Estimated Charge	\$78.75

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28/18.9



The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

IR Medical Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4153 West 10 Crt

Hialeah Florida 33010

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Ivan Rubio

4153 West 10 Crt

Hizleah Florida 33010

ARTICLE V INCORPORATOR

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

Ivan Rubio

4153 West 10 Crt

Hialeah Florida 33010

ARTICLE VI OFFICERS AND DIRECTORS

Ivan Rubio

4153 West 10 Crt

Hisleah Florida 33010

Signature/incorporator Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appoint ment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature Registered Agent Date

MANNENIN

400-18-5002 11:20