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FLORIDA PROFIT CORPORATION OR P.A.

Medical and Hospital Management, Inc.

Certificate of Status	1
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ARTICLES OF INCORPORATION

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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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MEDICAL AND HOSPITAL MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

MEDICAL AND HOSPITAL MANAGEMENT, INC.

**5629 American Circle
Delray Beach, FL 33484**

ARTICLE III SHARES

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

10,000 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Paul Garfinkle
5629 American Circle
Delray Beach, FL 33484**

Prepared By:
**Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940**

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

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

**Frederick Cains- President
315 East 65th Street
New York, New York 10021**

ARTICLES VI INCORPORATOR(S)

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

**Frederick Cains
315 East 65th Street
New York, New York 10021**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12th day of February 2004.

A handwritten signature in black ink, appearing to be 'F. Cains', written over a horizontal line.

Frederick Cains - Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **MEDICAL AND HOSPITAL MANAGEMENT, INC.**

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

Paul Garfinkle

Name

5629 American Circle

(P.O. Box or Mail Drop Box NOT Acceptable)

Delray Beach, FL 33484

(City / State / Zip)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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 appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


Paul Garfinkle
SIGNATURE

February 11, 2004

(Date)