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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
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Fax Number : (305) 716-0346

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFTT CORPORATION OR P.A.

VITA LIFE MEDICAL CLINIC, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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02-20-04
T.B.

CERTIFICATE OF INCORPORATION
OF
VITA LIFE MEDICAL CLINIC, INC.

I, the undersigned, hereby make, subscribe and acknowledge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be: VITA LIFE MEDICAL CLINIC, INC., and its existence shall be perpetual.

2. The general nature of the business to be transacted shall be to have all powers provided by the laws of the State of Florida.

3. The capital stock of the corporation shall consist of one hundred (100) shares, without nominal par value.

4. The amount of capital with which this corporation shall begin business in not less than one thousand (\$1,000.00) Dollars.

5. The principal office of this corporation shall be at 721 N.W. 29 Street, Miami, Florida 33127.

6. The number of directors shall be at least one (1), and the names and post office addresses of the first Board of Directors and Officers are:

<u>NAME</u>	<u>OFFICE</u>	<u>POST OFFICE ADDRESS</u>
1. FRANCISCO VARGAS	President	721 N.W. 29 Street Miami, Florida 33127

7. The names and post office addresses of the subscribers to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefore, the proceeds of which will amount to not less than one thousand (\$1,000.00) Dollars are as follows:

<u>NAME AND ADDRESS</u>	<u>NO. OF SHARES</u>	<u>CONSIDERATION</u>
1. FRANCISCO VARGAS	100	\$1,000.00

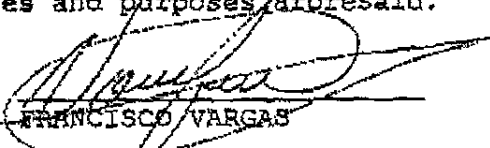
8. FRANCISCO VARGAS, whose address is 721 N.W. 29 Street, Miami,

This Document prepared by:
Daniel M. Keil, P.A.
3165 West 4th Avenue
Hialeah, Florida 33012
Telephone No. (305) 883-6600
Florida Bar No. 181663

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TALLAHASSEE, FLORIDA

Florida 33127, is hereby designated as the Registered Agent for the corporation.

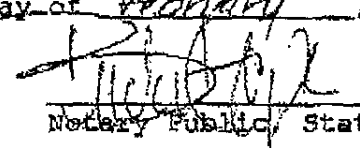
IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Hialeah, Florida this 17 day of February, 2004, for the uses and purposes aforesaid.


FRANCISCO VARGAS

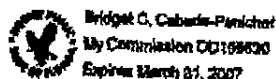
STATE OF FLORIDA)
) SS.
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared FRANCISCO VARGAS, Subscriber(s) and person(s) described in and who executed the foregoing Certificate of Incorporation, who acknowledged before me that they did subscribe thereto, and did so for the uses and purposes therein contained.

SWORN TO and SUBSCRIBED before me at Hialeah, Dade County, Florida this the 17 day of February, 2004.


Notary Public, State of FL.

My Commission Expires:



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Daniel M. Keil, P.A.
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Hialeah, Florida 33012
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Florida Bar No. 181663

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SECRETARY OF STATE

CERTIFICATE OF DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN
FLORIDA NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with Section 28.091, Florida Statute, the
following is submitted:

VITA LIFE MEDICAL CLINIC, INC.

desiring to organize or qualify under the laws of the State of
Florida, with its principal place of business at the City of Miami,
State of Florida, has named FRANCISCO VARGAS, located at 721 N.W.
29 Street, Miami, Florida 33127, as its Agent to accept service of
process within Florida.


FRANCISCO VARGAS, President

DATE 2/17/04

I HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I
HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY
WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND
COMPLETE PERFORMANCE OF MY DUTIES.


FRANCISCO VARGAS
REGISTERED AGENT

DATE 2/17/04

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