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LAZARUS CORPORATE FILING SERVICE		
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1. RELIABLE PHYSICIAN (Comperation Name)	BER(S) (IF Known): 15 SERVICES, INC.	
2. (Corporation Name) 3,	(Document #)	
(Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
Walk in Pick up time 2,00	Certified Copy:	
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	Dissolution/Withdrawal	
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Fictitious Name Name Reservation Reinstatement	hip	

Other

Examiner's Initials

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: Reliable thysician's Services, Inc. 04 JUNI -4 PH 3: 20

ARTICLE II - PRINCIPAL OFFICE

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

12218 SW 16 Terr. Unit DIO2 miami Al 33175

ARTICLE III -SHARES

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

(00)

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Araly Hernandez
12218 & 16 Terr, Unit DID2
miami, fl 33175

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these	: Articles of
Incorporation is: 12218 SW 16 Terr	COID FINC
miami: f1 33175	
The undersigned incorporator has executed these Articles incorporation this 3 day of July 2004	; of
aralyldemand	,
Signature	

ARTICLE VI- DIRECTOR(S)

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

Araly Itemandez president 12218 20 16 Terr, Wilt DIDD Mami, fl 33175.

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