

Division of Corporations
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**Florida Department of State
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
Phone : (305) 599-0839
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.
IMMEDIATE HEALTH SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATIONS
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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:
Immediate Health Services, Inc.

ARTICLE II PRINCIPAL PLACE OF BUSINESS

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

14919 SW 39 St.
Miami, Florida 33185

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares of common stock of a par value of one dollars. (\$ 1.00).

ARTICLE IV NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation is provide services to disabled persons, and any other legal activities.

ARTICLE V TERMS OF EXISTENCE

The Corporation shall have perpetual existence .

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jorge L. Seda
14919 SW 39 St.
Miami, Florida 33185

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ARTICLE VII INCORPORATOR(S)

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

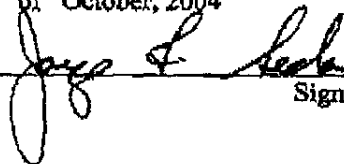
Jorge L. Seda
14919 SW 39 St.
Miami, Florida 33185

ARTICLE VIII DIRECTOR(S)

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

Jorge L. Seda
14919 SW 39 St.
Miami, Florida 33185

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this eight day of October, 2004


Signature

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

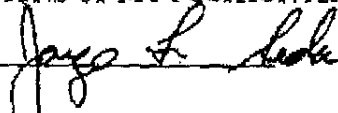
The name of the corporation is: Immediate Health Services, Inc.

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

Jorge L. Seda
14919 SW 39 St.
Miami, Florida 33185

(P.O.BOX NOT ACCEPTABLE)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 STATUTES 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



DATE: Eight day of October, 2004

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