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CORPORATION NAME(s) & DOG	
	DICAL CENTER, INC.
(Corporation Name) 2.	(Document #)
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NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
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Other	lorerger
	REGISTRATION/
OTHER FILINGS	QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
	Trademark
	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:

Jakaro Medical Center, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

1150 NW 72 AUE Suit # 444 Miani Fl 33126.

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 400

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Vivian SALINAS Hodalgo. 3025 SW 76 Ave.

MIANU F) 33155

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of		
Vivian Salinas MiANU F133155 Cosette Sanchez.	. 04	No.
The undersigned incorporator has executed these Articles of Incorporation this 25 day of 00000 2004. Signature	+ DCT 25 M110: 01	
		(二) (7)

ARTICLE VI- DIRECTOR(S)

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

VIVIAN Salinas President 50%

Cosette Sanchez Vice-Bresident, 50%

3025 SW76 ADE

MIAMI F! 33156.

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