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

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002333  
Phone : (305) 529-0839  
Fax Number : (305) 716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

## M T MEDICAL SERVICES, INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
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**ARTICLES OF INCORPORATION**  
**OF**  
**M T MEDICAL SERVICES, INC.**

**THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION**

**ARTICLE I NAME**  
**THE NAME OF THE CORPORATION SHALL BE:**  
**M T MEDICAL SERVICES, INC**

**THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:**  
**6435 NW 199 LANE, HIALEAH, FLORIDA, 33015**

**ARTICLE II NATURE OF BUSINESS**  
**THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFULL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTY, TERRITORY OR NATION.**

**ARTICLE III CAPITAL STOCK**  
**THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS.**  
**1000 SHARES AT \$1.00 EACH**

**ARTICLE IV TERM OF EXISTENCE**  
**THIS CORPORATION IS TO EXIST PERPETUALLY.**

**ARTICLE V OFFICERS DIRECTORS**  
**THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND DIRECTOR(S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESOR(S) IS (ARE) ELECTED, IS (ARE)**

**\*MARTIN TRIANA (PRES/SEC/TREA)**  
**6435 NW 199 LANE**  
**HIALEAH, FLA. 33015**

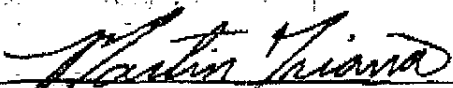
**ARTICLES VI INCORPORATOR(S)**

**THE NAME(S) AND STREET ADDRESS(ES) OF THE  
INCORPORATOR(S) TO THIS ARTICLES OF INCORPORATOR**

**\*MARTIN TRIANA  
6435 NW 199 LANE  
HIALEAH, FLA. 33015**

**IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S)  
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION  
THIS: 22 DAY OF NOVEMBER OF THE YEAR 2004**

**SIGNATURE(S) OF INCORPORATOR(S)**

  
\_\_\_\_\_  
MARTIN TRIANA

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

**PURSUANT TO THE PROVISIONS OF SECTION 607.325, 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:**

**MT MEDICAL SERVICES, INC..**

**THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:**

**MARTIN TRIANA  
6435 NW 199 LANE  
HIALEAH, FLA. 33015**

**SIGNATURE:**

**MARTIN TRIANA**

**TITLE**

**PRESIDENT**

**DATE: NOVEMBER 22, 2004**

**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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTIONS OF SECTION 607.325, FLORIDA STATUTE**

**SIGNATURE:**

**DATE: NOVEMBER 22, 2004**

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