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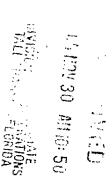
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CORPORATION NAME(s) & DOG	CUMENT NUMB	ER(S) (if known):
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Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	
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OTHER FILINGS	REGISTRATION QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
	Trademark	
	Other	Examinar'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:

BISCAYNE HEALTH ORGANIZATION INC

ARTICLE II - PRINCIPAL OFFICE

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

1444 BISCAYNE BLUD. SUITE # 304 MIAMI Fl. 33132

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAFAEL BENITEZ
1444 BISCAYNE BLVD. SUITE # 304
MIAMI, Fl. 33132

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of
Incorporation is: RAFAEL BENÎTEZ
1444 BISCAYNE BLUD. # 304 MIAMI
F/. 33132
The undersigned incorporator has executed these Articles of

The undersigned incorporator has executed these Articles of Incorporation this 29 day of NOTEMBER 20 04

Signature

ARTICLE VI- DIRECTOR(S)

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

RAFAEL BENITEZ (PRESIDENT)
THEODORE R. STRUHL (SECRETARY)
1444 BISCAYNE BLVD. # 304
MIAMI, Fl. 33132

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