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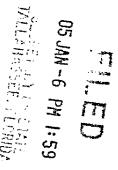
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CORPORATION NAME(S) & DO	CUMENT NUMBER(S) (if known):	
1.OKEECHOBEE	ROAD MEDICAL CORP	
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(Corporation Name)	(Document #)	
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NonProfit	Resignation of R.A., Officer/Director	
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O'THER FILINGS Annual Report	REGISTRATION/ QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
	Reinstatement	
	Trademark	
	Other	

Examiner's Initials

EILED

ARTICLES OF INCORPORATION

05 JAN -6 PM 1:59

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) SEE. FLORIDA the following Articles of Incorporation.

ARTICLE L - NAME

The name of the corporation shall be:

OKEEChobee Road MEdical corp

ARTICLE II - PRINCIPAL OFFICE

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

11117 W. OKEECHOBEE Rd SuitE 122 Hialeah Gardens, FL 33018

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:

1117 W. OKEECHOBEE Rd SUIFE 122

Hialah Gardens, FL 33D18

Arenmy Obella Calana

05 JAN-6 PM 1:59
SCHETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incornoration is: ARENMY Obella Calana			
The undersigned incorporator has executed these Articles of Incorporation this 4 day of January 2005 Signature			

ARTICLE VI- DIRECTOR(S)

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

Arenmy Obella Calaxa
(President)

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