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2005 JAN 24 P 1: 42 SECRETARY OF STATE

OFFICE USE ONLY(DOCUMENT #)	·			
LAZARUS CORPORATE FII	LING SERVICE			
3320 S.W. 87 AVENUE				
MIAMI, FLORIDA (305)552-5973				
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CORPORATION NAME(S) &	DOCUMENT NUM	BER(S) (if known):		
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Examiner's Initials

CR2E031(9/92)

# 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 sho	all be:	TAS	· ~	
BISCAYNE	MEDICAL	INVESTIGATION	2005 JAN 24	
ARTICLE II	– PRINCIPAL OFFI	OF STATE FLORIDA	P 1: 42	

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

# <u>ARTICLE III -SHARES</u>

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:

GARY ROBERTSON
1825 PONCY DE LEON BLVD, #387
CORAL GABLES, FL 33134.

# ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of
Incorporation is: GARY ROBERTSON D #207
1825 PONCE DE LEON BLVD, #387
GRAL GABLES. FL 33134
The understand incorporate has executed these Articles of
The undersigned incorporator has executed these Articles of Incorporation this 21 day of Thomas 2005
Habitatt Me
Signature LAR
ASS. ASS.
ARTICLE VI- DIRECTOR(S)  ARTICLE VI- DIRECTOR(S)
To D
The name(s) and street address(es) of the director(s) to these.  Articles of Incorporation is (are):
GARY ROBERTSON - PRESIDENT
1825 PONCK DE LEON BLVD, #387
1805 TONOR DE LEDIO 1000, 007
GRAL GABLES, FL 33134.

### 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 objigations of my position as Registered Agent.

Rogistered Agent Signature