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MIAMI, FLORIDA (305)552-5973	
	OFFICE USE ONLY
CORPORATION NAME(S) & DOC	
1. ALEMAN MED,	ICAL SERVICES, INC
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4.	(Document #)
(Corporation Nama)	(Document #)
Walk in Pick up time	Certified Copy.
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment Resignation of R.A., Officer/Director
NonProfit Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILNGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	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:

ALEMAN MEDICAL SERVICES, INC.

SECRETARY OF STATE
TALLAMASSET. FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 6741 S.W. 24th Street
Suite 40
Miami, Florida 33155

ARTICLE III SHARES

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

100,00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VIVIAN M. ALEMAN

6741 S.W. 24th Street Suite 40

Miami, Florida 33155

ARTICLE V INCORPORATOR(S)

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

VIVIAN M. ALEMAN 6741 S.W. 24th Street Suite 40 Miamí, Florida 33155

ARTICLE VI DIRECTOR(S)

president.

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

VIVIAN M. ALEMAN 6741 S.W. 24th Street Suite 40 Miami, Florida 33155

Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 is: ALEMAN MEDICAL SERVICES, INC.		
!.	The name and address of the registered agent and office is:		
	VIVIAN M. ALEMAN		
	(NAME)		
	6741 S.W. 24th Street Suite 40		
	(P.O. BOX NOT ACCEPTABLE)		
	Miami, Florida 33155		
	(CITY/STATE/ZIP)		

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE 01-24-2005

OF SIMIE

REGISTERED AGENT FILING FEE: \$35.00