

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORF. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

TA' Julian Medical group Inc.

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Corporate Filing

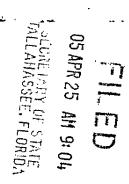
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1/26/

ARTICLE OF INCORPORATION

QF.

TA' JULIAN MEDICAL GROUP 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: TA' JULIAN MEDICAL GROUP INC.

The principal place of business of this corporation shall be:
6447 MTAMI LAKES DR. STE. 238
MTAMI LAKES, FL. 33014

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $ 10.00 = $1,000.00$

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) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

CARLOS LAHITTE 14492 SW. 127 CT. MIAMI.FL.33186 DIRECTOR

ARTICLE VI INCORPORATOR (S)

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

CARLOS LAHITTE 14492 SW. 127 CT. MIAMI.FL.33186 PRESIDENT, SECRETARY & TREASURER 100 shares

The undersigned has(have) executed these Article of Incorporation this 22 th. day of APRIL ,2003.

Signature/Title

Signature/Title

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.

1. The name of the corporation is:_

	TA' JULIAN MEDICAL GROUP INC.			
2.	The name and address of the registered agent and office is CARLOS LAHITTE	,		
	(Name)			
	14492 SW. 127 CT.			
	(P. O. BOX NOT ACCEPTABLE)			
	MIAMI, FLORIDA 33186 (CITY/STATE/ZIP)			
	(CITI/SIRIB/BIF)			
HAV:	ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE			
as i	PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR R AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES			
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