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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : EAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

SECRETARY (FILING)  
TALLAHASSEE, FLORIDA

05 APR 25 AM 9:24

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FLORIDA PROFIT CORPORATION OR P.A.

OCEAN STAR PROFESSIONAL MEDICAL INC.

Certificate of Status	0
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11.4-6

ARTICLE OF INCORPORATION

OF

OCEAN STAR PROFESSIONAL MEDICAL INC.

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TALLAHASSEE, FLORIDA

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: OCEAN STAR PROFESSIONAL MEDICAL INC.

The principal place of business of this corporation shall be:

2623 SW. 147 AVE.  
MIAMI, FL. 33185

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 X \$ 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):

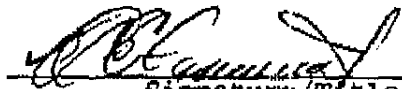
CARLOS E. CARMENATE	DIRECTOR
13920 SW. 82 nd. ST.	
MIAMI, FL. 33183	

**ARTICLE VI INCORPORATOR(S)**

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

CARLOS E. CARMENATE	PRESIDENT, SECRETARY & TREASURER
13920 SW. 82 nd. ST.	100 shares
MIAMI, FL. 33183	

The undersigned has (have) executed these Article of Incorporation this 22 th. day of April, 2005.

  
 \_\_\_\_\_  
 Signature/Title

\_\_\_\_\_  
 Signature/Title

\_\_\_\_\_  
 Signature/Title

FILED  
05 APR 25 10 5 24  
STATE  
TALLAHASSEE

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: \_\_\_\_\_  
OCEAN STAR PROFESSIONAL MEDICAL INC.

2. The name and address of the registered agent and office is \_\_\_\_\_  
GARIOS E. CARMENATE (Name)  
13920 SW. 82 nd. ST.  
(P. O. BOX NOT ACCEPTABLE)  
MIAMI, FLORIDA 33183  
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE/OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 4-22-03