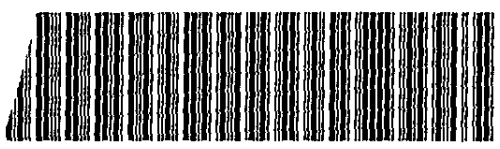


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D. HOWELL
16752 N.W 18 ST
PEMBROKE PINES, FL



400051089114

(Address)

33068
28 APR
005

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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B. McKnight MAY 05 2005

**ARTICLES OF INCORPORATION
OF
D. C. MEDICAL MANAGEMENT , INC.**

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 corporation shall be:

D. C. MEDICAL MANAGEMENT , INC.

ARTICLE II. PRINCIPAL OFFICE

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

16752 NW 18th Street
Pembroke Pines, FL 33028

Daytime Telephone No. 954-441-3563

ARTICLE III SHARES

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

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Delcora Howell
16752 NW 18th Street
Pembroke Pines, FL 33028

05 MAY -2 PM 3:23

OFFICE OF THE CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE, FLORIDA

ARTICLE V INCORPORATOR(S)

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

Delcora Howell
16752 NW 18 th Street
Pembroke Pines, FL 33028

The undersigned incorporator(s) has executed these Articles of Incorporation this
14 th of April 2005

Delcora Howell
Delcora Howell

**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT / REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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.

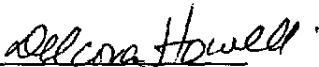
1.The name of the corporation is: **D.C. MEDICAL MANAGEMENT, INC..**

2.The name and address of the registered agent is: Delcora Howell
16752 NW 18 th Street
Pembroke Pines, FL 33028

05 MAY -2 PM 3:23

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 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.

Delcora Howell


Signature