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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

KAIZEN MEDICAL SERVICES, INC

Certificate of Status	0
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ARTICLES OF INCORPORATION
OF :
KAIZEN MEDICAL SERVICES, INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act. Hereby adopt(s) the following Article of Incorporation.

ARTICLE I NAMES

The name of the Corporation shall be : KAIZEN MEDICAL SERVICES, INC
The principal place of business of this corporation shall be : 561 NW 48th PL
MIAMI FL 33126.

ARTICLE II NATURE OF BUSINESS

This Corporation may engage in or transact any or all lawful activities or business permitted under the law of the United State, the State of Florida, or any State, Country or Nation.

ARTICLE III CAPITAL STOCK

The aggregate number of Shares of stock and its per value that this corporation to have outstanding at any one time is : 500 Shares \$ 1.00 per share.

ARTICLE IV TERM OF EXISTENCE

This Corporation is to exist perpetually.

ARTICLE V OFFICER(S) DIRECTOR(S)

The name and street address(es) of the initial Officer(s) and Director(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) :

SAUL ACOSTA (P-)

561 NW 48th PL MIAMI, FL 33126

ARTICLE VI INCORPORATION

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

NAMES:

ADDRESS

SAUL ACOSTA

President 50% of Shares

561 NW 48th PL MIAMI, FL 33126.

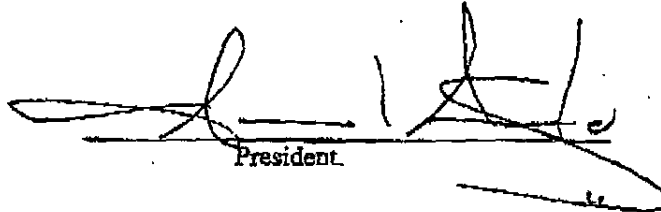
SERGIO ACOSTA

Vice-President 50% of Shares

561 NW 48th PL MIAMI, FL 33126.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 25th, day of May, 2005.

Signature(s) of Incorporator(s)



President.

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

Persuant to the provisions of Section 607.325, Florida Statutes, the undersigned Corporation organized under the law 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: KAIZEN MEDICAL SERVICES, INC

2- The name and address of the registered agent and office is:

SAUL ACOSTA
561 NW 48th PL
MIAMI FL 33126.

Signature: _____

Incorporator Officer
Title: President.

Date: 05/25/05

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I, HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUT, AND A ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signatures: _____

Incorporator Officer.

Date: 05/25/2005.

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Register Agent Filing Fee

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