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To:

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

From:

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

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**FLORIDA PROFIT CORPORATION OR P.A.**

**DAVIE MEDI CENTER INC.**

Certificate of Status	0
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J. Shivers JUL 18 2005

**ARTICLES OF INCORPORATION**  
**OF**

DAVIE MEDI CENTER 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: DAVIE MEDI CENTER INC.

The principal place of business of this corporation shall be:

3181 DAVIE BLVD, DAVIE, FL 33312

**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 States, 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 value that this corporation is authorized to have outstanding at any one time is:

100 SHARES AT \$1.00 PV

**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) 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):

(P) GUS MUNOZ 3181 DAVIE BLVD, DAVIE, FL 33312

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DAVIE, FLORIDA

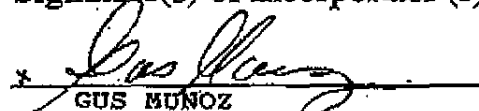
**ARTICLE VI INCORPORATOR(S)**

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

GUS MUNOZ  
3181 DAVIE BLVD  
DAVIE, FL 33312

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have)  
executed these Articles of Incorporation this, 14th day  
of JULY, 2005

Signature(s) of Incorporator (s)

\*   
GUS MUNOZ

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

Pursuant to the provisions of Section 607.325, 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:

DAVIE MEDI CENTER INC.

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

GUS MUNOZ 3181 DAVIE BLVD,

(P.O. BOX NOT ACCEPTABLE)

DAVIE, FL 33312

(CITY/STATE/ZIP)

Signature 

Title PRESIDENT

Date 07/14/05

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 DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE 07/14/05

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RECEIVED  
DESIGNATION OF  
REGISTERED AGENT  
JUL 15 2005