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LAZARUS CORPORATE FILING SERVICE	
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CORPORATION NAME(S) & DOCUMENT N	UMBER(S), (if known):
1. CATHYS MEDICAL -	SERVICES CORP (Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Nan.e)	(Document #)
4. (Corporation Names) Walk in Pick up time 2.00 Mail out Will wait Ph	(Document #) Certified Copy otocopy Certificate of Status
Profit Not for Profit Limited Liability Domestication	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
Annual Report Fictitious Name	ISTRATION/OUALIFICATION Foreign Limited Partnership Reinstatement Frademark Other

Examiner's Initials

FILED 05 JUL 26 AM 8: 24 ARTICLES OF INCORPORATION

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 the corporation shall be:

Cathy's Medical Services Corp.

ARTICLE II - PRINCIPAL OFFICE

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

> 8810 NW 147 LN. Miami Fl. 33018 Lakes,

ARTICLE III -SHARES

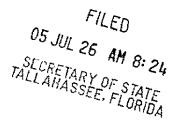
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Carlos Gonzalez 8810 NW 147 LA. Miami Lakes, Fl. 33018



ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: Carlos Gonzalez 8810 NW 147 LV. Miami Lakes, Fl. 33018	-
The undersigned incorporator has executed these Articles of Incorporation this day of 20 Signature	

ARTICLE VI- DIRECTOR(S)

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

Carlos Gonzalez

President: 8810 NW 147 LN.

Miami Lakes, Fl. 33018

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature