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TALLAHASSEE, FLORIDA

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

east coast choice medical, inc.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be

East Coast Choice Medical, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2901 Clint Moore Rd., #155
Boca Raton, FL 33496

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct legal & lawful transactions.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 @ $1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mark D. Shiner – P, VP, S, T
2901 Clint Moore Rd., #155
Boca Raton, Fl 33396

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

BRIAN D. GORDON C.P.A., P.A.
12550 Biscayne Boulevard, Suite 500
North Miami, Florida 33181

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mark D. Shiner
2901 Clint Moore Rd., #155
Boca Raton, FL 33396

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent — Date: 9/19/05

Mark D. Shiner
Signature/Incorporator — Date: 9/19/05

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