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Florida Department of State
Division of Corporations
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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

FILED
05 SEP 21 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

east coast advantage medical, inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

T. Burch SEP 22 2005

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SEP-21-2005 10:57 EMPIRE P.01/02

H05000090951

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 Advantage 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 Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lenzer Burton — P, VP, Sec., & Treas
2901 Clint Moore Rd., # 155
Boca Raton, Fl 33496

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:

Lenzer Burton
2901 Clint Moore Rd., #155
Boca Raton, Fl 33496

****

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

Signature/Incorporator — Date: 9/19/05

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