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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 : (305)633-9696 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

Professional Medical Consultants, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

OF

PROFESSIONAL MEDICAL CONSULTANTS, INC.

ARTICLE I - NAME

The name of this Corporation is Professional Medical Consultants. Inc.

ARTICLE II - DURATION

This Corporation shall have perpetual existence commencing on January 2, 2006.

ARTICLE III - PURPOSE

This Corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV - CAPITAL STOCK

This Corporation is authorized to issue One Thousand (1.000) shares of \$1.00 par value common stock.

ARTICLE V - VOTING RIGHTS

Except as otherwise provided by law, the entire voting power for the election of Directors and for all other purposes shall be vested exclusively in the holders of the outstanding common shares.

ARTICLE VI - PREEMPTIVE RIGHTS

Every shareholder, upon the sale of any new stock of this Corporation of the same kind. class or series as that which it already holds, shall have the right to purchase his pro rate share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VII - INITIAL REGISTERED OFFICE, AGENT AND PRINCIPLE OFFICE

The street address of the initial registered office of this Corporation is 1635 N.E. Miami Gardens Drive, #235. North Miami Beach, Florida 33179 and the name of the initial registered agent of this Corporation at that address is Neil Lefkowitz. The street address of the principle office is 1635 N.E. Miami Gardens Drive, #235. North Miami Beach, Florida 33179.

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ARTICLE VIII - INITIAL BOARD OF DIRECTORS

This Corporation shall have two (2) Directors initially. The number of Directors may be either increased or diminished from time to time by the by-laws, but shall never have less than one (1). The names and addresses of the initial Directors of this Corporation are:

Neil Lefkowitz 1635 N.E. Mismi Gardens Drive, #235 North Mismi Beach, FL 33179 Lori Lefkowitz 19195 Mystic Pointe Drive. #404 Aventura. Florida 33180

ARTICLE IX - INCORPORATOR

The name(s) and address(es) of the person(s) signing these Articles is (are):

Neil Lefkowitz 1635 N.E. Miami Gardens Drive, #235 North Miami Beach, FL 33179 Lori Lefkowitz 19195 Mystic Pointe Drive, #404 Aventura, Florida 33180

ARTICLE X - AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the Shareholders is subject to this reservation.

ARTICLE XI - BY-LAWS

The power to adopt, alter, amend or repeal By-laws shall be vested in the Board of Directors and the Shareholders.

ARTICLE XII - INDEMNIFICATION

The Corporation shall indemnify any Officer or Director or any former Officer or Director, to the full extent permitted by law.

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DEC-15-2005 10:55

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this day of <u>Prerritor</u>, 2005, by No. 18 the personally known to me or who has produced a driver's license as identification and who did take an oath.

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State of Florida at Large My Commission Expires:



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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 48.091 of the Plorida Statutes. the following is submitted in compliance with said Act:

First: Professional Medical Consultants. Inc. desiring to be organized under the laws of the State of Florida, with its registered office as indicated in the Articles of Incorporation in the City of North Miami Beach, County of Dade. State of Florida, has named Neil Lefkowitz, whose business office is located at 1635 N.E. Miami Gardens Drive, #235, North Miami Beach, Florida 33179 as its registered agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated Corporation, at the place designated in this Certificate. I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to keeping open said office.

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