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CORPORATION NAME(S) & DOCUMEN	NT NUMBER(S), (if known):
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Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

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:

Excellence Medical Office Inc.

2006 SEP 18 PN 2: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE II - PRINCIPAL OFFICE

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

4005 NW 114 AVE SUITE 26-B DORAL FL 33178

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:

4821 SW 133 AVR MRAMI, FL 32175

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Harra E- Torres: 4821 SW 133 AVE MRAMI, FL 33175

The undersigned incorporator has executed these Articles of Incorporation this 15 day of September 2006.

Marie Zozonia Yorves Signature

ARTICLE VI- DIRECTOR (S)

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

Maria E. Torres As President

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.

Warin Lugar Lorins
Registered Agent Signature