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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

SLEEP DISORDER CENTERS OF AMERICA, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
SLEEP DISORDERS CENTERS OF AMERICA, INC.**

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: SLEEP DISORDERS CENTERS OF AMERICA, INC.

ARTICLE II - PRINCIPAL PLACE OF BUSINESS

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

3621 SW 107TH Avenue
Miami, FL 33165

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 2000 shares of common stock of a par value of one dollars (\$ 1.00).

ARTICLE IV - NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation is services of research for sleeping disorders and apnea, and any lawful business or trade permitted under the laws of the United State and the State of Florida.

ARTICLE V - TERMS OF EXISTENCE

The Corporation shall have perpetual existence.

ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Romilio Cruz
3725 SW 94Th Avenue
Miami, FL 33165

ARTICLE VII - INCORPORATOR(S)

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

Romilio Cruz
3725 SW 94th Ave
Miami, FL 33165

Rafael Gallardo
14783 SW 132 Ave
Miami, FL 33186


ARTICLE VIII - DIRECTOR(S)

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

Romilio Cruz (PT)
3725 SW 94th Ave
Miami, FL 33165

Rafael Gallardo(VPS)
14783 SW 132 Ave
Miami, FL 33186

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this twenty sixth day of February year 2008.


Romilio Cruz


Rafael Gallardo

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

The name of the corporation is: **SLEEP DISORDERS CENTERS OF AMERICA, INC.**

The name and address of the registered agent and office is:

Romilio Cruz
3725 SW 94Th Avenue
Miami , FL 33165

(P.O.BOX NOT ACCEPTABLE) HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE: February 26, 2008

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