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FLORIDA PROFIT/NON PROFIT CORPORATION

TRI-MED INSTITUTE, INC.

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DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION
OF
TRI-MED INSTITUTE, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, Chapter 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation:

ARTICLE I: NAME OF THE CORPORATION

The name of the corporation is **TRI-MED INSTITUTE, INC.**, hereinafter referred to as the "Corporation".

ARTICLE II: PRINCIPAL OFFICE AND MAILING ADDRESS

The mailing address and the principal office address of the corporation is 3901 N.W. 76th AVENUE, # 103, SUNRISE, FLORIDA 33351.

ARTICLE III: DURATION OF THE CORPORATION

The period of duration of the Corporation shall be perpetual unless dissolved according to law.

ARTICLE IV: PURPOSE OF THE CORPORATION

The purpose for which the Corporation is organized is to engage in any and all lawful business for which corporations may be incorporated under Chapter 607, Florida Statute, as amended.

ARTICLE V: AUTHORIZED SHARES

The Corporation is authorized to issue FIVE Thousand (5,000) shares of common stock with a par value of \$1.00 per share. All stock shall be of one class. The Board of Directors may authorize the issuance of such stock to such person(s) upon such terms and for such consideration as they may deem appropriate. The consideration may consist of any tangible or intangible property or benefit to the Corporation, including cash, promissory notes, services performed, promises to perform services evidenced by a written contract, or other securities of the Corporation.

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ARTICLE VI: PREEMPTIVE RIGHTS

The Corporation elects to have preemptive rights. Every shareholder, upon the sale for cash of any new or reissued stock of the Corporation, shall have the right to purchase his pro rata share thereof at the price at which it is offered to others.

ARTICLE VII: INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of the Corporation's initial registered office is 8480 N.W. 21st PLACE, SUNRISE, FLORIDA 33322 and the registered agent at that office is NOELEN PORTER.

ARTICLE VIII: INITIAL BOARD OF DIRECTORS

The Corporation shall have TWO (2) director(s) constituting the initial Board of Directors. The number of director(s) may be increased or decreased from time to time by the bylaws. The initial Board of Director(s) of the Corporation shall be comprised of:


| | |
|--|--|
| NOELEN PORTER President 8480 N.W. 28 th PLACE SUNRISE, FLORIDA 33322 | ASPINAL W. NUNES Vice President 3900 N.W. 76 th AVENUE, # 103 SUNRISE, FLORIDA 33351 |
|--|--|

ARTICLE IX: INCORPORATOR

The incorporator(s) of the Corporation are as follows:

NOELEN PORTER
8480 N.W. 28th PLACE
SUNRISE, FLORIDA 33322

IN WITNESS WHEREOF, I, NOELEN PORTER, the undersigned incorporator, have signed these Articles of Incorporation on this 23rd day of JULY 2008, and acknowledged the same to be my act.



NOELEN PORTER

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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**

Pursuant to the provisions of Chapters 48.091 and 607.0501 of the Florida Statutes, the following is submitted, in compliance with said Acts:

First-That **TRI-MED INSTITUTE, INC.**, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at City of **SUNRISE**, County of **BROWARD**, State of Florida, has named **NOELEN PORTER** at **8480 N.W. 28th PLACE**, in the City of **SUNRISE**, County of **BROWARD**, State of Florida, as its agent to accept service of process within this state.

-Acceptance of Agent-

ACKNOWLEDGMENT:

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.

BY: 

NOELEN PORTER

DATE: JULY 23, 2008

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TALLAHASSEE, FLORIDA

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