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FLORIDA PROFIT/NON PROFIT CORPORATION
PREFERRED MEDICAL STERILIZATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Preferred Medical Sterilization, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

Mailing: P.O. Box 181 Principal: 2525 Embassy Dr. #2
Groveland, FL 34736 Cooper City, FL 33026

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Candice Murphy-Suarez
2525 Embassy Drive #2
Cooper City, FL 33026

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

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

Candice Murphy-Suarez
2525 Embassy Drive #2
Cooper City, FL 33026

The undersigned incorporator has executed these Articles of Incorporation this

3rd day of August 20 10.


Signature

ARTICLE VI - DIRECTOR(S)

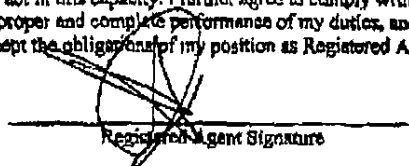
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Pedro M. Suarez, President 10120 SW 49th Place Cooper City, FL 33328
Linda P. Murphy, Vice President 12909 Blue Heron Court Clermont, FL 34711
Candice Murphy-Suarez, Secretary 10120 SW 49th Place Cooper City, FL 33328

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.


Registered Agent Signature

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