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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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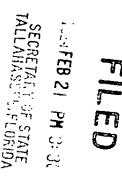
FLORIDA PROFIT/NON PROFIT CORPORATION MEDICAL SERVICE TWO BROTHERS CORP

| Certificate of Status | 0 |
|-----------------------|---------|
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

| ARTICLE 1 NAME: The name of the corporation is: |
|---|
| Medical service Two BROThers |
| ARTICLE II PRINCIPAL OFFICE: |
| The principal street address and mailing address is: 1441.0 5W 200 57 Widui RC 33177 |
| ARTICLE III SHARES: The number of shares of stock is: |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: |
| Ennesto Roque (P) |
| ALEC TO TO |
| 28 CB 2 |
| |
| |
| ROTE OF |
| |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: |
| The name and Florida street address (PO Box not acceptable) of the regis ered agent is: |
| 14410 SW 200 ST Hisai 12.33177 |
| 14410 5W 400 51 AMM 1-2 3311 |
| |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| ERMESTO ROQUE 14410 SW 200 ST Hisui PL 33172 |
| JULIO OLD DOU SI PISUI IC 3317 |

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent O2 - 21 - 24

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Incorporator Date

SECRETAGY OF STATE