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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
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FROM: EMPIRE CORPORATE KIT COMPANY
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NAME: COMPLETE HEALTH MANAGEMENT CORPORATION
FAX AUDIT NUMBER: H95000006125
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ARTICLES OF INCORPORATION

OF

COMPLETE HEALTH MANAGEMENT CORPORATION

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(5)

ARTICLE I
CORPORATE NAME

The name of the Corporation shall be: **COMPLETE HEALTH MANAGEMENT CORPORATION.**

ARTICLE II
PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4131 S.W. 85th Avenue, Miami, Florida 33155.

ARTICLE III
NATURE OF CORPORATE BUSINESS

The Corporation may engage in or transact any and all activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV
TERMS OF EXISTENCE

The Corporation shall have perpetual existence.

ARTICLE V
CAPITAL STOCK

The Corporation is authorized to issue and have outstanding at any one time an aggregate number of Five Hundred (500) shares of one class of common stock having a par value of One and 00/100 (\$1.00) Dollar per share. The consideration to be paid for each share of stock shall be fixed by the Board of Directors.

H95000006125

PREPARED BY:
Sharon R. Bock Esq.
Alhambra Int'l Center
255 Alhambra Circle
Suite 610
Coral Gables, FL 33134

(308) 448-4480
FBN. 0667684

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**ARTICLE VI
INITIAL REGISTERED AGENT**

The Corporation's initial registered agent and registered office in the State of Florida shall be: LINETTE LOPEZ and HENRI ANTHONY PORTUGUES. The Corporation's initial registered office is 4131 S.W. 85th Avenue, Miami, Florida 33155.

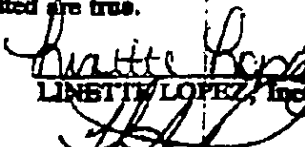
**ARTICLE VII
BOARD OF DIRECTORS**

The number of Directors may be altered from time to time by By-Laws adopted by the Stockholders. However, the Corporation shall have no less than one (1) Director at any time.

**ARTICLE VIII
INCORPORATORS**

The names and addresses of each Incorporator executing these Articles of Incorporation are as follows: LINETTE LOPEZ and HENRI ANTHONY PORTUGUES, at 4131 S.W. 85th Avenue, Miami, Florida 33155.

The UNDERSIGNED Incorporator, for the purpose of forming a Corporation to do business with the State of Florida, does make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true.


LINETTE LOPEZ, Incorporator

HENRI ANTHONY PORTUGUES,
Incorporator

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

BEFORE ME, personally appeared LINETTE LOPEZ and HENRI ANTHONY

PREPARED BY:
Sharon R. Bock Esq.
Athlone Int'l Center
255 Athlone Circle
Suite 610
Coral Gables, FL 33134

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PORTUGUES, to me well known and known to me to be the persons described as Incorporator
in the foregoing Articles of Incorporation and he acknowledged to and before me that he
executed said Articles of Incorporation for the purposes therein expressed.

WITNESS my hand and official seal this 31 day of May, 1995.



Notary Public, State of Florida
at Large

[PLEASE PRINT] SHARON R. BOCK

Serial Number:



OFFICIAL SEAL
SHARON R. BOCK
M. Commission Expires
Nov. 4, 1996
Comm. No. CG 240537

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4

PREPARED BY:
Sharon R. Bock Esq.
Alhambra Int'l Center
255 Alhambra Circle
Suite 610
Coral Gables, FL 33134

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

Pursuant to the provisions of section 607.0501, 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.

1. The name of the corporation is: **COMPLETE HEALTH MANAGEMENT CORPORATION.**
2. The name and address of the registered agent and office is:

LINETTE LOPEZ and HENRI ANTHONY PORTUGUES, at 4131 S.W. 85th Avenue, Miami, Florida 33155.

By: *Linette Lopez*
LINETTE LOPEZ

By: *HA*
HENRI ANTHONY PORTUGUES

DATE 5/31/95

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.

Linette Lopez
LINETTE LOPEZ
HA
HENRI ANTHONY PORTUGUES

DATE 5/31/95

PREPARED BY:
Sharon R. Block Esq.
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255 Alhambra Circle
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