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STATE OF FLORIDA
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TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: FAX-A-CORP. AGENTS, INC.
8405 NW 53RD ST
SUITE C-100
MIAMI FL 33166- 731-
CONTACT: LIDIA FERNANDEZ
PHONE: (305) 599-0839
FAX: (305) 592-9591

((H95000007589)) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: LECUTE MEDICAL SERVICES CORP.
FAX AUDIT NUMBER: H95000007589
DATE REQUESTED: 07/10/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 5
ESTIMATED CHARGE: $122.50
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95 SEP 19 PM 2:49

ARTICLES OF INCORPORATION
OF

LECVIE MEDICAL SERVICES, CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: LECVIE MEDICAL SERVICES, CORP.

The principal place of business of this corporation shall be: 590 East 49th St. Suite B
Hialeah, FL 33013

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 500 Shares

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Jose M. Martell — 590 East 49th St., Suite B
Hialeah, FL 33013

Prepared by: Jose M. Martell
590 East 49th St.Ste B
Hialeah, FL 33013
(305) 806-1218

H95000007589

ARTICLE VI INCORPORATOR(S)

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

Jose M. Martell — 590 East 49th St., Suite B, Hialeah, FL 33013

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 10th day of July, 19 95

Signature(s) of Incorporator(s)

7/10/95

H95000007589

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: LEGVIC MEDICAL SERVICES, CORP.

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

Jose M. Martell
(P.O. BOX NOT ACCEPTABLE)

590 East 49th St., Suite U
(CITY/STATE/ZIP)

Hialeah, FL 33013

SIGNATURE _____
(corporate officer)

TITLE Director

DATE 7/10/95

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95 JUL 10 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE _____

DATE 7/10/95

REGISTERED AGENT FILING FEE: