

P96000022356

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Department of State
Division of Corporations
409. E. Gaines Street
Tallahassee, FL 32314

FILED
MAR 9 11 41 AM '96
TALLAHASSEE, FLORIDA

MULTI MEDICAL SERVICES, INC.

Subject: _____
(proposed corporate name)

Enclosed please find an original and one copy of the articles of incorporation for the above corporation and check in the amount of \$ 28,75.

From: DAVID YAKOBS
1750 W. 46 ST. APT 307
HIGHLAND FL 33012

800001737418
-03/08/96--01085--008
*****78.75 *****78.75

3/12/96

ARTICLES OF INCORPORATION
OF
MULTI MEDICAL SERVICES, INC.

ARTICLE I - NAME

The name of the corporation shall be:
MULTI MEDICAL SERVICES, INC.

ARTICLE II - ADDRESS

The address of the principal office until further notice
is: 1750 West 46 Street Apt. 309, Hialeah, FL 33012.

ARTICLE III - CAPITAL STOCK

The number of shares that this corporation is authorized
to have outstanding is one thousand (1000) common shares
at one dollar (\$1.00) par value.

ARTICLE IV - INITIAL REGISTERED AGENT AND OFFICE

The initial registered agent of this corporation is: David H.
Valdes and the registered office is 1750 West 46 St. Apt. 309,
Hialeah, FL 33012.

ARTICLE V - INCORPORATOR

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

David Valdes
1750 West 46 Street Apt. 309
Hialeah, FL 33012.

ARTICLE VI - DURATION

This corporation shall have a perpetual existence unless
dissolved according to law.

FILED
96 MAR -8 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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/registererd agent, in the State of Florida.

1. The name of the corporation is _____
MULTI MEDICAL SERVICES, INC.

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

Name David Valdes
Address 1750 West 46 Street Apt. 309, Hialeah, FL

The following officer of this corporation has authorized the above person and office to be its registered agent and registered office.

Signature David Valdes

Title President

Date 03-05-96

ACCEPTANCE BY AGENT

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT THE PROCESS OF THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND 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

Signature David Valdes

Date 03-05-96

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96 MAR -8 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA