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| Sandra Palacio Requestor's Name 20310 3 W 106 Cto | į. | |
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| 20310 S.W. 106 Ct Address Minui, Fl. 33189 | , | |
| City State Zip | Phone | |
| СОПРОПАТ | TON(S) NAME | |
| lst_cholce: MEDCOM_C | OF U.S.A. INC. | |
| 2nd choice: UNITED S | SERVICES, CORP. | |
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| (3) Profit () NonProfit | () Amendment | () Merger |
| () Foreign | () Dissolution/Withdrawal | () Mark |
| () Limited Partnership () Reinstatement | () Annual Report () Reservation | () Other () Change of R.A. |
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CR2E031 (1-89)

ARTICLES OF INCORPORATION

MELANIASSEE FLORIDA

MANAGEMENTO

MANAGEMEN 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.

> ARTICLEI NAME

The name of the corporation shall be: MEDCOM OF U.S.A., INC.

ARTICLE II PRINCIPAL OFFICE

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

7902 N.W. 36 St. Suite 201 Minmi, F1. 33166

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand(1000) shares at One Dollar(1.00) per value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

> Sandra Palacio 20310 S.W. 106 Ct. Miami, Fl. 33189

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Sandra Palacio 20310 S.W. 106 Ct. Miami, Fl. 33189

Director, President

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9th day of March , 19 96

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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: | MEDCOM OF U.S.A., I | NC. | 100 mm - 100 mm 11 mm - 11 mm |
|----|---------------------------------|------------------------------|-----------------|---|
| 2. | The name and address of the reg | istered agent and office is: | | |
| | Sanc | ira Palacio (NAME) | 5 1. | |

| Sandra Palacio | | 15 | |
|--|-------------|-----|-------------|
| (NAME) | | G | |
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| 20310 S.W. 106 Ct. | | • | |
| (P.O. Bux or Mail Drop Box NOT ACCEPTABLE) | | C 1 | 1 - P • |
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| Miami, Fl. 33189 | ₩,,, | | Cather |
| (CITY/STATE/ZIP) | | •• | court? |
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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.

(SIGNATURE) (DATE) 3-9-96