

P96000052978

June 12, 1996

Department of State  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

Subject: Dial-A-Med, Inc.

Dear Department of State:

Enclosed is an original and one (1) copy of the articles of incorporation and a Designation and Acceptance of Registered Agent for a Florida Corporation.

Please send a certificate of status and a certified copy of these articles to the undersigned at the following address:

Peter James Tsukanikas  
4800 NW Boca Raton Blvd.  
The Plaza-Suite 2  
Boca Raton, FL 33431

A check for \$131.25 is enclosed. This represents payment for:

Filing the Articles of Incorporation  
Designation of and Acceptance by A Registered Agent  
Certificate of Status  
Certified Articles of Incorporation

5000001867895  
-06/13/96--01134--018  
\*\*\*\*131.25 \*\*\*\*131.25

Sincerely,

  
Peter James Tsukanikas

**ARTICLES OF INCORPORATION  
OF  
DIAL-A-MED, INC.**

**ARTICLE I NAME**

The name of the corporation, which is hereafter called the Corporation, shall be:  
**DIAL-A-MED, INC.**

**ARTICLE II DURATION**

This Corporation shall have perpetual existence.

**ARTICLE III PURPOSE**

The purpose or purposes for which the corporation is organized is to transact all lawful business for which corporations may be organized under the Florida Business Corporation Act of the State of Florida.

**ARTICLE IV PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: **4800 NW Boca Raton Boulevard, The Plaza-Suite 2, Boca Raton, FL 33431.**

**ARTICLE V SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is Twenty Million (20,000,000) shares of Common Stock at \$.0001 par value per share.

**ARTICLE VI INDEMNIFICATION**

The Corporation shall indemnify any officer or director, or any former director or officer, to the full extent permitted by law.

**ARTICLE VII INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is **Peter James Tsakanikas** whose address is **4800 NW Boca Raton Boulevard, The Plaza- Suite 2, Boca Raton, Fl 33431.**

FILED  
CLERK OF DISTRICT COURT  
JAN 10 1981  
MIAMI, FLORIDA

**ARTICLE VIII INCORPORATOR(S)**

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

**Peter James Tsakanikas**  
4800 NW Boca Raton Boulevard  
The Plaza-Suite 2  
Boca Raton, FL 33431

**Robert L. Thomas, Jr.**  
4800 NW Boca Raton Blvd.  
The Plaza-Suite 2  
Boca Raton, FL 33431

The undersigned incorporator has executed these Articles of Incorporation this 13<sup>th</sup> day of June, 1996.

  
Signature

STATE OF FLORIDA      )

COUNTY OF PALM BEACH)

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County aforesaid to take acknowledgments, personally appeared, Peter James Tsakanikas, to me known personally to be the person described in and who executed the foregoing Articles of Incorporation.

WITNESS my hand and official seal in the County and State aforesaid, this 18 day of June, 1996.

  
NOTARY PUBLIC

My Commission Expires: 4/26/99

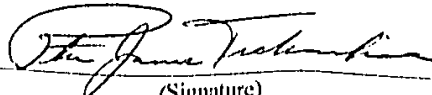


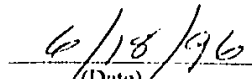
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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 **DIAL-A-MED, INC.**
2. The name and address of the registered agent and office is :  
Peter James Tsukanikas  
4800 NW Boca Raton Blvd. Suite 2  
Boca Raton, FL 33431

*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)