PAGOOO/OPSTATE INDUSTRIES, INC. Requestor's Name

890 S.W. 87 AVENUE SUITE: 16
Address

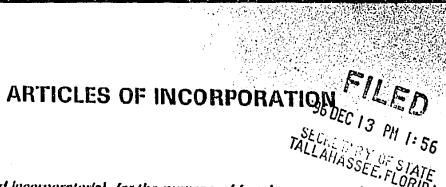
MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. <u>ATLAS</u> (Corpor	AEDICAL SEX	(Document #)	
2(Согроп	alion Name)	(Document#)	
3(Согрог	ation Name)	(Document #)	
4(Согрог	ation Name)	(Document#)	
	Pick up time		
ENEW FILINGS	AMENDMENTS	TO PARTY OF THE PA	550
Profit NonProfit	Amendment Resignation of R.A., Office	er/ Director	
Limited Liability	Change of Registered Ager	nt	
Domestication	Dissolution/Withdrawal		
Other	Merger		Š,
OTHER FILINGS	TREGISTRATION REQUESTION		が一つの
Fictitious Name	Foreign		Z
Name Reservation	Limited Partnership	्री <u>१</u>	Ð
	Reinstatement		
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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.

ARTICLE 1 NAME

The name of the corporation shall be:

ATLAS MEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

7171 Coral Way Suite #104A Miami Florida 33155

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose A. Socarras 9009 SW 150 Ave Miami Florida 33196

ARTICLE V INCORPORATOR(S)

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

JOSE A. SOCARRAS 9009 SW 150 Ave Miami Fl 33155

ARTICLE VI DIRECTOR(S)

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

JOSE A. SOCARRAS 9009 SW 150 Ave Miami Florida 33155

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

10	day of	DECEMBER . 19 96
		Amuello.
		√ Signature √
		Signature
	•	Signature

CERTIFICATE CF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501. 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: ATLAS MEDICAL SERVICES	s, INC.
2.	The name and address of the registered agent and office is:	OS DEC
	JOSE A. SOCARRAS	13 T
	(NAME)	· Fra B
	9009 SW 150 AVE	FLORITE
	(P.O. BOX NOT ACCEPTABLE)	7
	MIAMI FLORIDA 33196	
	(CITY/STATE/ZIP)	· · · · · · · · · · · · · · · · · · ·

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 FERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE TOURS

DATE 12-10-96