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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: FAS-T CORP. AGENTS, INC.
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NAME: IDEAL MEDICAL SERVICES, INC.

AUDIT NUMBER.....H97000001968

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 3

CERT. COPIES.....0

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TALLAHASSEE, FLORIDA

Handwritten signature and date: 2/3/97

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ARTICLES OF INCORPORATION**OF**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**IDEAL MEDICAL SERVICES, INC.**

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: **IDEAL MEDICAL SERVICES, INC.**

The principal place of business of this corporation shall be:

1763 Coral Way
Miami, Fl 33145

MAILING ADDRESS:

ARTICLE II NATURE OF BUSINESS7304 N.W. 56th St.
Miami, Fl 33166

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 value that this corporation is authorized to have outstanding at any one time is: 1,000 Shares at \$5.00 Par Value.

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):

Juan Pinon 7304 N.W. 56th St.
Miami, Fl 33166Prepared by: Juan Pinon
7304 N.W. 56th St.
Miami, Fl 33166
(305) 592-2430

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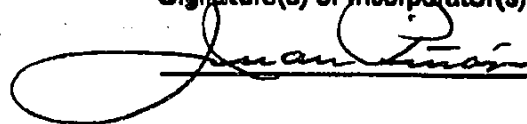
ARTICLE VI INCORPORATOR(S)

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

Juan Pinon 7304 N.W. 56th St.
Miami, Fl 33166

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 03 day of February, 1997.

Signature(s) of Incorporator(s)



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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 IDEAL MEDICAL SERVICES, INC.

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

Juan Pinon 1763 Coral Way

(P.O. BOX NOT ACCEPTABLE)

Miami, Fl 33145

(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE 

(corporate officer)

TITLE DIRECTOR

DATE 02/03/97

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 02/03/97

H97000001968