

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

P970000047870

Re: NUTRAMED LAB, Inc.
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

100002192871--7
-05/28/97--01029--012
****122.50 ****122.50

Bryan Syver (BRYAN SYVER)
(Individual's Name)

NUTRAMED LAB
(Name of Corporation)

FILED
97 MAY 28 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAILING ADDRESS OF CORPORATION

Po Box 832304

Miami, FL 33283

PHONE

(305) 740-0177

Area Code

Number

Ext.

nc 5/30/97

ARTICLES OF INCORPORATION

NUTRAMED LAB INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

NUTRAMED LAB INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	<u>NUTRAMED LAB INC.</u>		
	<u>7210 RED ROAD SUITE 202B</u>		
CITY	<u>MIAMI</u>	FLORIDA	ZIP <u>33143</u>

Mailing address, if different

STREET ADDRESS	<u>NUTRAMED LAB INC.</u>		
	<u>PO BOX 832304</u>		
CITY	<u>MIAMI</u>	FLORIDA	ZIP <u>33283</u>

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	<u>BRYAN SYLVER</u>		
ADDRESS	<u>7210 RED ROAD SUITE 202B</u>		
CITY	<u>MIAMI</u>	FLORIDA	ZIP <u>33143</u>

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ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have 1 (ONE) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

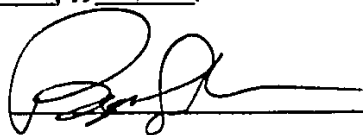
NAME	BRYAN SYLVER		
ADDRESS	7210 RED ROAD Suite 202B		
CITY	MIAMI	STATE	FL
			ZIP 33143
NAME			
ADDRESS			
CITY		STATE	
			ZIP
NAME			
ADDRESS			
CITY		STATE	
			ZIP

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	BRYAN SYLVER		
ADDRESS	7210 RED ROAD Suite 202B		
CITY	MIAMI	STATE	FL
			ZIP 33143
NAME			
ADDRESS			
CITY		STATE	
			ZIP
NAME			
ADDRESS			
CITY		STATE	
			ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 26
day of MAY, 19 97.

 (Signature)

____ (Signature)

____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

FILED
97 MAY 28 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NUTRAMED LAB INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 7210 RED ROAD SUITE 202B

MIAMI, FL. 33143

has named BRYAN SYLVER

located at the aforesaid address, as its registered agent to accept service of process within this state.

ACKNOWLEDGEMENT

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.

Bryan Sylver

(Signature)

5/26/97

(Date)