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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.  
CONTACT: LIDIA FERNANDEZ  
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NAME: LTM HEALTH GROUP, INC.

AUDIT NUMBER.....H9700009879

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

CERT. OF STATUS..1

PAGES..... 2

CERT. COPIES.....0

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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EP  
6-17-96

ARTICLES OF INCORPORATION

97 JUN 16 AM 7:50

OF  
LTM HEALTH GROUP, INC.

I, the undersigned, for the purpose of beginning a corporation for profit under the Law of the State of Florida, adopt the following Articles of Incorporation:

ARTICLE I. NAME

The name of this corporation is LTM HEALTH GROUP, INC., hereafter called the "corporation".

ARTICLE II. DURATION

The corporation shall exist perpetually, commencing on the date of execution of these Articles.

ARTICLE III. PURPOSE

The corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV. CAPITAL STOCK

The corporation is authorized to issue Ten Thousand (10,000) shares of One Dollar (\$1.00) par value common stock which shall be designated "Common Shares".

ARTICLE V. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial principal office of the corporation is 9550 Bay Harbor Terrace, Suite 215, Bay Harbor Islands, FL 33154, and the name of the initial registered agent of this corporation is Simon Schwarz.

ARTICLE VI. INCORPORATOR

The name and address of the person signing these articles is: Simon Schwarz, 9550 Bay Harbor Terrace, Suite 215, Bay Harbor Islands, FL 33154.

ARTICLE VII. INDEMNIFICATION

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

Prepared by: LTM HEALTH GROUP, INC.  
9550 Bay Harbour Terrace  
Bay Harbour Island, FL 33154  
(305) 864-8154

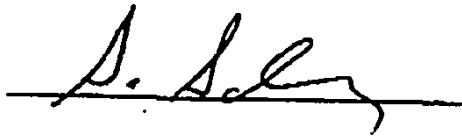
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Execution by Incorporator

and

Acceptance as Registered Agent

IN WITNESS WHEREOF the undersigned incorporator has executed these Articles of Incorporation on this 16th day of June, 1997 and accepts appointment as registered agent being familiar with and accepting the obligations of Section 607.0505, Florida Statutes.



STATE OF FLORIDA  
COUNTY OF DADE

*PRODUCED IDENTIFICATION*  
*FLA Drivers License # 5620-780-54-2010*

BEFORE ME, the undersigned authority, this day personally appeared Simon Schwarz, ~~to me well known~~, who being first duly sworn, deposes and says that he is the incorporator named above and that the facts and matters set forth in these Articles of Incorporation are true and correct to the best of his knowledge and belief. Sworn to and subscribed before me this 16th day of June, 1997.



Notary Public State of Florida at Large



Toby S. Spencer  
MY COMMISSION # 00050174 EXPIRES  
SEPTEMBER 09, 2000  
RENEWED THIS 19TH FEBRUARY, 1997

My Commission expires:

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SECRETARY OF STATE  
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