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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT
PHONE: (305)541-3694

ACCT#: 072450003255

FAX #: (305)541-3770

NAME: T.K. MEDICAL CENTER & BILLING INC.

AUDIT NUMBER.....H97000011281

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

CERT. OF STATUS..0

PAGES..... 4

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(4)

ARTICLES OF INCORPORATION
OF
T.K. MEDICAL CENTER & BILLING INC.

The undersigned subscriber to these Articles of Incorporation, a natural person, competent to contract, hereby proceeds to form a corporation under the laws of the State of Florida.

ARTICLE ONE

The name of the corporation is:

T.K. MEDICAL CENTER & BILLING INC

ARTICLE TWO

The principal address of the corporation is:

7203 Coral Way
Miami, Florida 33155

ARTICLE THREE

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

One hundred shares
Par \$1.00

ARTICLE FOUR

The name and address of the initial registered agent is:

Grace Patron-Andiaarena
1780 S.W. 6th Street
Miami, Florida 33135

ARTICLE FIVE

The name and address of the incorporation to these Articles of Incorporation is:

Grace Patron-Andiaarena
1780 S.W. 6th Street
Miami, Florida 33135

ELENA MOURE-DOMECQ, ESQ.

PH. 305-643-2000
1850 SW, 8TH ST.
MIAMI, FL 33135

FBN. 0603340

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ARTICLE SIX

The number of the Board of Directors if any shall be determined from time to time by the BY-LAWS;

The undersigned have executed these Article of Incorporation this 7th day of July 1997.

Grace Patron-Andiaarena
Grace Patron-Andiaarena

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, the Florida Statutes the undersigned corporation, organized under the laws of the State of Florida, submits the following statements in designating the registered office/registered agent, in the State of Florida. The name of the corporation is:

T.K. MEDICAL CENTER & BILLING INC.

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

Grace Patron-Andiaarena
1870 S.W. 6th Street
Miami, Florida 33135

Grace Patron-Andiaarena
Grace Patron-Andiaarena

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 the statutes relating to the proper and complete performance of my duties, and I am familiar with all complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

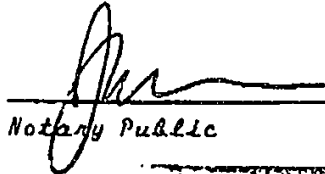
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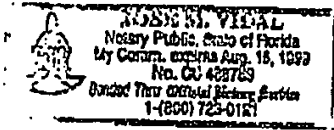
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WITNESS my hand and official seal in the county and state named
above this 7th day of July 1997.

 7/7/97
Notary Public

My commission expires:



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