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FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ PHONE: (305)599-0839

FAX #: (305)716-0346

NAME: ADVANCE FAMILY PLANNING HEALTH CENTER, CORP.

AUDIT NUMBER..... H97000015522

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

CERT. DF STATUS...1

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ARTICLES OF INCORPORATION

OF

ADVANCE FAMILY PLANNING HEALTH CENTER, CORP.

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:

ADVANCE FAMILY PLANNING HEALTH CENTER, CORP.

The principal place of business of this corporation shall be 3.32

The principal place of business of this corporation shall be 3.32

ARTICLE II NATURE OF BUSINESS

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 \$1.00 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):

President: Renv H. Kindelan

1550 S.W. 1st St. #18 Miami, Fl. 33139

Prepared By: RENY H. KINDELAN 1550 S.W. 1st St. #18 Miami, Fl. 33135 (305) 541-2755

ARTICLE VI INCORPORATORISI

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

RENY H. KINDELAN 1550 S.W. 1st St. #18 Miami, Fl. 33135

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of incorporation this _______.

day of _Sept._______.1997.

Signature(s) of incorporator(s)

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	COT	bora	tion:
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ADVANCE FAMILY PLANNING HEALTH CENTER, CORP.

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

RENY H: KINDELAN 1550 S.W. 1st St. #18

(P.O. BOX NOT ACCEPTABLE)

Miami, Fl. 33135

(CITY/STATE/ZIP)

97 SEP 18 PH 3: 32

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.

Sept. 18, 1997