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TALLAHASSEE, FLORIDA

9/30/97

Charlie Demus
Requestor's Name
16211 NE 12 Ave.
Address
N. Miami Bch. Fl. 33162
City State Zip Phone
#944-5049

VALIDATION ONLY

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****122.50 ****122.50

CORPORATION(S) NAME

The Voluntis Medical Care Group, Inc.

Empire Toll Free: 1-800-432-3028

X Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
( ) Reinstatement ( ) Reservation ( ) Change of Registered Agent

X Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
X Walk In ( ) Will Wait X Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Certified Copy

K. Rolfe OCT - 1 1997

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

THE VOLUNTIS MEDICAL CARE GROUP, INC.

The undersigned incorporators for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt the following Articles of incorporation.

ARTICLE 1 NAME

The name of the Corporation shall be:

THE VOLUNTIS MEDICAL CARE GROUP, INC.

The principal place of business of this Corporation shall be:

16800 N.W. 2nd Ave. Suite #203
North Miami Beach, Fla. 33169

ARTICLE 11 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, county, territory or nation.

ARTICLE 111 CAPITAL STOCK

The aggragage number of shares of stock and its par value that this Corporation is authorized to have outstanding at any one time is: 500,000 shares of no par value common stock.

ARTICLE IV TERM OF EXISTANCE

This Corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name (s) and street addresses(es) of the itntial officers (s) and director (s), if any, who shall hold office the first vear of the Corporation's exixtance or until their successor(s) is (are) elected if (are):

Names of initial Officers and Directors

Dr. Abdul-Rahman Jaraki, President, Treasurer and Director
Dr. Anthony Panariello, Vice President, Secretary and Director.

Address of Officers and Directors

Dr. Abdul-Rahman Jaraki, 820 NW 167th Terr. Miami Lakes, Fl. 33016

Dr. Anthony Panariello, 1530 NE 191th St. #305 N. Miami Beach, Fl 33179

ARTICLE VI INCORPORATOR(S)

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

Dr. Abdul-Rahman Jaraki
820 N.W 167th Terrace
Miami Lakes, FL 33016

Dr. Anthony Panariello
1530 N.E. 191 Street #305
N. Miami Beach, FL 33179

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 30 day of Septeber, 1997

Signature(s) of Incorporator(s)

Dr. Abdul Jaraki

Dr. Anthony Panariello

STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 30 day of Sept., 1997 by Dr. Abdul-Rahman Jaraki (Name of Incorporator) of The Voluntis Medical Care Group, Inc. (Name of Corporation)

OFFICIAL NOTARY SEAL
CHARLES MARK DEMOS
COMMISSION NUMBER
CC517910
MY COMMISSION EXPIRES
DEC. 13,1999

Notary Public

My Commission Expires: 12/13/99

(SEAL)

ARTICLES OF INCORPORATION FILING FEE: $

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 is: THE VOLUNTIS MEDICAL CARE GROUP, INC.

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

Dr. Abdul-Rahman Jaraki

(P.O. BOX NOT ACCEPTABLE)

16800 N.W. 2nd Ave. Suite 203, No. Miami Beach, FL 33169

(CITY/STATE/ZIP)

SIGNATURE [signature]

Abdul-Rahman Jaraki

TITLE President, Treasurer & Director

DATE August 1997

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 X [signature]

Dr. Abdul-Rahman Jaraki

DATE August 1997

REGISTERED AGENT FILING FEE: $

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TALLAHASSEE, FLORIDA