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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
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NAME: PATIENT'S PREFERRED MEDICAL CARE, INC.

AUDIT NUMBER.....H97000018156

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

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 31, 1997

FAS-T CORP. AGENTS, INC.

SUBJECT: PATIENT'S PREFERRED MEDICAL CARE, INC.
REF: W97000024808

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TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION OF
PATIENT'S PREFERRED MEDICAL CARE, INC.**

We, the undersigned natural person(s), competent to contract, acting as incorporator(s) of a corporation under the General Corporation Law of the State of Florida, make subscribe, acknowledge and file the following Articles of Incorporation for such corporation.

ARTICLES I

NAME

The name of the corporation is:
PATIENT'S PREFERRED MEDICAL CARE, INC.

ARTICLE II

GENERAL NATURE OF BUSINESS

The general nature of the business to be transacted is:
To engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

CAPITAL STOCK

The amount of authorized capital stock is
consisting of ONE THOUSAND (1000), shares of common
stock having a par value of One Dollar (\$1.00) per share.

Prepared By: LOURDES NUNEZ
1460 N.W. 107th Ave/ Unit Q
Miami, Florida 33172
Tel: (305) 471-4467

ARTICLE IV

PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this Corporation of any kind, class or series, shall have the pre-emptive right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE V

INITIAL CAPITAL

The amount of capital with which the Corporation will begin business shall not be less than Five Hundred Dollars (\$500.00).

ARTICLE VI

CORPORATE EXISTENCE

The corporation is to have perpetual existence.

ARTICLE VII

PRINCIPAL OFFICE

The principal office of this corporation in the State of Florida is:

PATIENT'S PREFERRED MEDICAL CARE, INC.
11880 S.W. 40TH, STREET * SUITE #305
MIAMI, FLORIDA 33175

ARTICLE VIII

FIRST BOARD OF DIRECTORS

The names and street address of the members of the first board of directors of the corporation are as follow:

ORTELIO D. FUENTES/PRES/TRES
JAVIER R. FUENTES/VICE PRES
Yael ELIZABETH DORVILLE/SEC
11880 S.W. 40TH, STREET * SUITE #305
MIAMI, FLORIDA 33175

ARTICLE IX

SUBSCRIBERS

The names and street addresses of each subscriber of these Articles of Incorporation is:

ORTELIO D. FUENTES/PRES/TRES
JAVIER R. FUENTES/VICE PRES
Yael ELIZABETH DORVILLE/SEC
11880 S.W. 40TH, STREET * SUITE #305
MIAMI, FLORIDA 33175

ARTICLE X

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation in the State of Florida is:

PATIENT'S PREFERRED MEDICAL CARE, INC.

11880 S.W. 40TH, STREET * SUITE #305

MIAMI, FLORIDA 33175

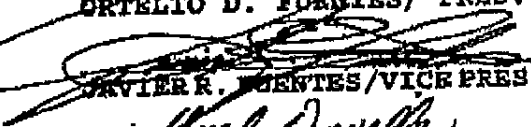
and the name of the registered agent at that address is ORTELIO D. FUENTES

ARTICLE XI
INDEMNIFICATION

To the full extent permitted by law, the corporation shall indemnify each person made or threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative by reason of the fact that he is or was a director, officer, employee, or agent of the corporation or served in any capacity at the request of the corporation

WITNESS WHEREOF, We do make and subscribe these Articles of Incorporation this 23TH, day of OCTOBER, 1997.


ORTELIO D. FUENTES/ PRES.


JAVIER R. FUENTES/VICE PRES.


YARA E. DORVILLE/SEC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF DADE) SS

This foregoing instrument was acknowledged before me
this 23TH day of OCTOBER, 1997, by ORTELIO D.
FUENTES who is the personally known to me or who has
produced a VALID FL DRIVERS LICENSE, as identification
and who did take an oath.

[Signature]
My Commission expires:



Notary Public at large For The State
of Florida.

ACKNOWLEDGEMENT BY REGISTERED AGENT

Having been named to accept service of process for
the above stated corporation, at place designed in this
certificate, I hereby accept to act in this capacity, and
agree to comply with the provision of said Act relative
to Keeping open said office.

[Signature]
REGISTERED AGENT/ ORTELIO D. FUENTES