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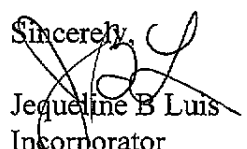
January 27, 1998

Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

Dear Sirs:

Please find enclosed our check in the amount of \$ 122.50 to cover for the filing fees of the new corporation "MEDICAL SUPPORT SYSTEMS OF SOUTH FLORIDA, INC."

Sincerely,


Jequeline B Luis
Incorporator
20801 Biscayne Boulevard
Suite 447
Aventura, Florida 33180

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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WS

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MEDICAL SUPPORT SYSTEMS OF SOUTH FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

20801 Biscayne Boulevard - Suite 447
Aventura Florida 33180

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ARTICLE III SHARES

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

20 Shares - Non Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JAQUELINE B. LUIS
20801 BISCAYNE BOULEVARD _ SUITE 447
AVENTURA, FLORIDA 33180

ARTICLE V _ TERMS OF EXISTENCE

This corporation is to exist perpetually

ARTICLES VI INCORPORATOR(S)

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

JAQUELINE B LUIS
20801 BISCAYNE BOULEVARD
AVENTURA, FLORIDA 33180

IN WITNESS WHEREOF, the undersigned incorporator(s) has have executed these Articles of Incorporation this 23rd day of JANUARY, 19 98.

Signature(s) of Incorporator(s)

Jaqueline B Luis

STATE OF FLORIDA
COUNTY OF _____

MIAMI-DADE

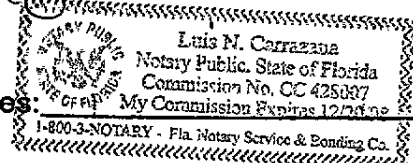
THE FOREGOING instrument was acknowledged and, sworn to before me this 23rd day of January, 1998, by Jaqueline B Luis
(Name of Incorporator)

of Medical Support Systems of South Florida, Inc
(Name of Corporation)

[Signature]
Notary Public

(SEAL)

My Commission Expires:



ARTICLES OF INCORPORATION FILING FEE: \$20.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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:

MEDICAL SUPPORT SYSTEMS OF SOUTH FLORIDA, INC.
(must include suffix)

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

JAQUELINE B LUIS

(NAME)

20801 BISCAYNE BOULEVARD SUITE 447

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

AVENTURA, FLORIDA 33180

(CITY/STATE/ZIP)

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

x Jaqueline B. Luis
(SIGNATURE)

1/23/98
(DATE)