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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: INTEGRAL MEDICINE CENTER, CORP.

AUDIT NUMBER.....H98000002257

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

CERT. OF STATUS..0

PAGES..... 5

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(5)
**ARTICLES OF INCORPORATION
OF:**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INTEGRAL MEDICINE CENTER, CORP.

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:

INTEGRAL MEDICINE CENTER, CORP.

ARTICLE II PRINCIPAL OFFICE

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

***2764 W. ATLANTIC BLVD.
POMPANO BEACH, FL 33069***

ARTICLE III CAPITAL STOCK

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

One Thousand (1000) Shares

**ARTICLE IV
INITIAL REGISTERED AGENT
NAME AND ADDRESS**

The name and address of the initial registered agent is:

**Jose Marceno
4478 Maurice Drive
Delray Beach, FL 33445**

**PREPARED BY:
FIRMO MALDONADO
4702 NW 115TH TERRACE
CORAL SPRINGS, FL 33076
PHONE (954) 344-3555**

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):


Jose Marciano
4478 Maurice Drive
Delray Beach, FL 33445

Stefano Mion Bet
15013 SW 52th Lane
Miami, FL 33185

The undersigned has(have) executed these Articles of Incorporation this 2nd day of February, 1998.



Jose Marciano/President



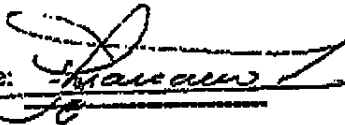
Stefano Mion Bet/Vice-President

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REGISTERED AGENT'S ACCEPTANCE:

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.

Signature: 

Date: February 2, 1998

STATE OF FLORIDA)

SS:

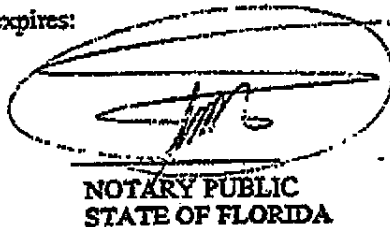
COUNTY OF BROWARD)

Before me a Notary Public authorized to take acknowledgement in the State and County set forth above, personally appeared Jose Marciano, known to me and known by me to be the person who executed the foregoing instrument.

IN WITNESS I hereunto set my hand and affixed my Official seal in the State of Florida and County of Broward, this:

February 2, 1998.

My commission expires:



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT
REGISTERED OFFICE**

Pursuant to the provisions of section 607-0501, 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:

INTEGRAL MEDICINE CENTER

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

Name: Jose Marciano

Address: 4478 Maurice Drive

City, State & Zip: Delray Beach, FL 33445

Signature:


(corporate officer)

Title: Vice-President

Date: February 2, 1998

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TALLAHASSEE, FLORIDA

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