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

UBJECT: ASDB ME	(Proposed corporate name - must include suffix)		
		Septim white white with the septim septimine of the septi	8 00002482 -04/08/980 ****122.50
nclosed is an original an	d one(1) copy of the arti	cles of incorporation and a	check for:
\$70.00	\$78.75	x⊠\$ 122,50	□ \$131.25
- Ψ. V. VV	Ψ. Φ10.1 3	214440122,JU	□ Φ151.25
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
•		· · · · · · · · · · · · · · · · · · ·	
·	Filing Fee	Filing Fee	Filing Fee, Certified Copy & Certificate

NOTE: Please provide the original and one copy of the articles.

Address

33166 City, State & Zip

Daytime Telephone number

MEDLEY, FL

(305) 883-6262

8. E. B.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: ASDB MEDICAL-HEALTHCARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

8270 NW SO. RIVER DRIVE MEDLEY, FL 33166

ARTICLE III SHARES

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

(1,000.00) ONE THOUSAND SHARES OF COMMON STOCK. SUCH SHARES SHALL BE AS SINGLE CLASS AND SHALL HAVE A PAR VALUE OF (\$1.00) RER SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDR

The name and Florida street address of the initial registered agent are:

NANCY ALMODOVAR 3131 JASPER WAY MIRAMAR, FL 33025

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

NANCY ALMODOVAR

3131 JASPER WAY MIRAMAR, FL 33025

Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

APRIL 3, 1998

Date

1998

APRIL 3.