#### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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## ARTICLES OF INCORPORATION SECRETARY OF STATE CORPORATIONS

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#### **OF**

#### BEST INTERNATIONAL MEDICAL SERVICES, INC.

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 is BEST INTERNATIONAL MEDICAL SERVICES, INC.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 44 Colonial Court, Palm Coast, FL 32137.

#### 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 (1,000) shares having a par value of (\$1.00) per share.

#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is M. Lourdes Vides, 44 Colonial Court, Palm Coast, FL 32137.

#### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is

President-Director, M. Lourdes Vides Secretary-Director, Carlos E. Vides, Jr. 44 Colonial Court, Palm Coast, FL 32137.

The undersigned has executed these Articles of Incorporation this 27th day of April 1998.

"Capital Connection, Inc. by Crystal Dugger, Office Manager"

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### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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.

I.	The	name	of t	he corp	orat	ion	1s:				<del></del>
	BEST	INT	ERNAT	IONAL M	EDIC	AL SI	ERVI	CES,	, INC.	<u>· </u>	
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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT REGISTERED AGENT AND AGREE TO ACT IN THIS ÁS 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.

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