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

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-06/05/98--01019--005
****78.75 ****78.75

SUBJECT: THE ISLANDS MEDICAL COMPANY, INC.

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$78.75 Filing Fee & Certificate

FROM: Jeremy Wainer
11229 W. Atlantic Blvd. Suite 103
Coral Springs, FL 33071
(954) 752-4508

FILED
98 JUN -5 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CB
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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:
THE ISLANDS MEDICAL COMPANY, INC.

ARTICLE II PRINCIPAL OFFICE

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

11229 WEST ATLANTIC BOULEVARD
SUITE 103
CORAL SPRINGS, FL 33071

ARTICLE III SHARES

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

1,000,000 COMMON SHARES

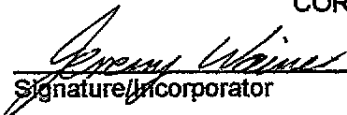
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

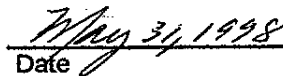
JEREMY WAINER
11229 WEST ATLANTIC BLVD.
SUITE 103
CORAL SPRINGS, FL 33071

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

JEREMY WAINER
11229 WEST ATLANTIC BLVD.
SUITE 103
CORAL SPRINGS, FL 33071



Signature/Incorporator



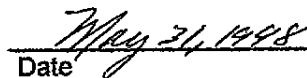
Date

(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



Date

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