

TRANSMITTAL LETTER

P98000096478

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

SUBJECT: Medical Medication, Inc.
(Proposed corporate name - must include suffix)

900002685729--3
-11/12/98--01057--014
*****70.00 *****70.00

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Jeffrey R. Roth
Name (Printed or typed)

9200 S. Dadeland Blvd. Suite 515
Address

Miami, FL 33156
City, State & Zip

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 12 AM 9:30

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

11-17
WS

ARTICLES OF INCORPORATION
OF
MEDICAL MEDIATION, INC.

I, hereby execute these articles for the purpose of becoming a corporation under the laws of the State of Florida, providing for the formation, rights, privileges, immunities and liabilities of incorporating for profit.

1. The name of the corporation shall be: MEDICAL MEDIATION, INC.
2. The principal office and mailing address of this Corporation is: 9200 South Dadeland Boulevard, Suite 515, Miami, Fl 331156.
3. The number of shares which this Corporation is authorized to issue is 50 Shares of Common Stock at \$1.00 par value.
4. The name and address of the initial registered agent and principal office of this Corporation is: ~~JEFFREY R. ROTH~~, 9200 South Dadeland Boulevard, Suite 515, Miami, Fl, 33156 and I agree to act in this capacity and accept service of process within this State of Florida pursuant to F.S. 48.091.

~~REGISTERED AGENT~~

5. The name and post office address of the incorporator is JEFFREY R. ROTH, 9200 South Dadeland Boulevard, Suite 515, Miami, Fl, 33156.

IN WITNESS WHEREOF, I have made, executed and acknowledged these Articles of Incorporation as Incorporator, this 9th of November, 1998.

~~Jeffrey R. Roth, Incorporator~~

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 12 AM 9:30

STATE OF FLORIDA)
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 9th day of November, 1998, by Jeffrey R. Roth, X who is personally known to me OR _____ who did produce _____ as identification.

Gail O'Byrne

NOTARY PUBLIC STATE OF FLORIDA AT LARGE
PRINT NAME _____
COMMISSION NO. _____
EXPIRATION DATE _____

OFFICIAL NOTARY SEAL
GAIL E O'BYRNE
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC659105
MY COMMISSION EXP. JUNE 26, 2001