

P98000102342

Division of Corporations

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*The English Translation in
Naturalist Medical Center, Corp.*

Florida Department of State
Division of Corporations
Public Access System
Sandra B. Mortham, Secretary of State

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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305) 867-8448
Fax Number : (305) 867-8200

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

CENTRO MEDICO NATURISTA,, CORP.

Certificate of Status	1
Certified Copy	0
Page Count	05
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: CENTRO MEDICO NATURISTA, CORP.

ARTICLE II PRINCIPAL OFFICE

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

8861 S.W. 142 AVE. BUILDING 9 #26
MIAMI, FL. 33186

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated "COMMON SHARES."

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALLAN MARQUEZ
8861 S.W. 142 AVE. BUILDING 9 #26
MIAMI, FL. 33186

Prepared By: ALLAN MARQUEZ
8861 S.W. 142 AVE. BUILDING 9 #26
MIAMI, FL. 33186
(305)3853056

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**ARTICLE V
INCORPORATOR(S)**

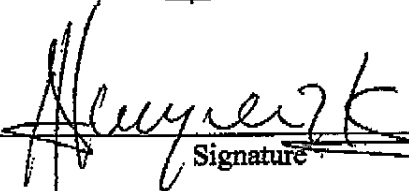
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ALLAN MARQUEZ
8861 S.W. 142 AVE. BUILDING 9 #26
MIAMI, FL. 33186

DIRECTOR & PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

08 day of December, 1998



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

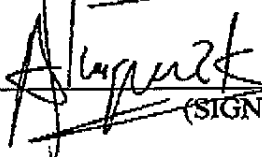
PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CENTRO MEDICO NATURISTA, CORP.

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

ALLAN MARQUEZ
8861 S.W. 142 AVE. BUILDING 9 #26
MIAMI, FL. 33186

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)

12/08/98

(DATE)

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