PASMITTAL LETTER PARAMETER 4/200

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

500002860825--0 -05/03/99--01135--014 *****78.75 *****78.75

Enclosed is an original for: \$70.00 Filing Fee	and one (1) co \$78.75 Filing Fee & Certificate	py of the articles of \$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	end a check	
FROM: ALTERNATIVE MEDICAL GROUP INC. Name (printed or typed) 2645.50. BAYShore DR. STE 203					
	M.IAMI Ci 3:0:5, - 4	Address -FLORIDA ty, State & Zip OS1627 Telephone number		SECRETAR TALLAHASS	

SUBJECT: ALTERNATIVE MEDICAL GROUP INC. (Proposed corporate name - must include suffix)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: ALTERNATIVE MEDICAL GROUP INC.

ARTICLE II PRINCIPAL OFFICE

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

1520 PONCE DELEON CORAL GABLE FL. 33134

ARTICLE III SHARES

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

100 CONE hUNDRED)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MANUEL MOLINA FIZARRO
10024 HAMMOCKS Blud. STE205
MIAMI, FLORIDA 33196

FILING FEE: \$70.00

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Jergei Frofeeth

J625 Collins Ove \$207

Miami Beach, FL. 33140

2. Farth borne Companies, Inc.

2645 Do. Bouyshore Dr. \$203

Cocon of Grove. FL. 33133

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

13rd day of April 19 99.

Signature

Signature

Signature

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: ALTERNATIVE MEDICAL GR	OUP INC.
2.	The name and address of the registered agent and office is:	99 MAY SECRUI
	MANUEL MOLINA PIZARRO (NAME)	-3. PM ASSEE, F
	(P.O. BOX OF MAIL Drop BOX NOT ACCEPTABLE)	I: 37 LORIDA
	MIAMI-F-LORIGA 33196 (CITY/STATE/ZIP)	

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.

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314