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TALLAHASSEE, FLORIDA**Florida Department of State**

Division of Corporations

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**To:**Division of Corporations  
Fax Number : (850) 922-4001**From:**Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346**FLORIDA PROFIT CORPORATION OR P.A.****MEDICAL CARE & SOLUTIONS INC.**

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 25, 1999

FAS-T CORP.

SUBJECT: MEDICAL CARE & SOLUTIONS INC.  
REF: W99000012111

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the corporation's principal office and/or a mailing address in the document.

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan  
Document Specialist

FAX Aud. #: H99000012475  
Letter Number: 699A00028677

**ARTICLES OF INCORPORATION**  
**OF**  
**MEDICAL CARE & SOLUTIONS INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399-0001

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

**ARTICLE I NAME**

The name of the corporation shall be:

**MEDICAL CARE & SOLUTIONS INC.**  
The principal place of business shall be: 5951 NW 151st Suite No. 103 miami Lakes Fl 33014

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the state of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1,000 at \$1.00

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

**MARCOS GONZALEZ - DIRECTOR and PRESIDENT**  
5951 NW 151<sup>st</sup> Suite 103/ MIAMI LAKES, FL 33014

**SILVIA E. GONZALEZ - VICE PRESIDENT and SECRETARY**  
5951 NW 151<sup>st</sup> Suite 103/ MIAMI LAKES , FL 33014

Prepared By: Lorex Accounting & Associates  
5951 NW 151 Street  
Suite 104  
Miami Lakes Florida 33014  
Phone#(305)-828-4040

**ARTICLE VI INCORPORATOR(S)**

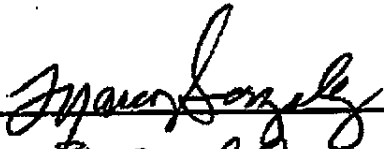

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):

MARCOS GONZALEZ  
5951 NW 151<sup>st</sup> Suite 103  
MIAMI LAKES, FL 33014

SILVIA E. GONZALEZ  
5951 NW 151<sup>st</sup> Suite 103  
MIAMI LAKES, FL 33014

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have)  
executed these Articles of Incorporation this, 20<sup>th</sup> day of May 1999

Signature(s) of Incorporator(s)

  
  
\_\_\_\_\_

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

Pursuant to the provisions of Section 607.325, Florida Statutes, the  
 Undersigned Corporation, organized under the laws of the State of Florida,  
 submits the following statement in designating the registered  
 office/registered, in the State of Florida.

1. The name of the corporation:

MEDICAL CARE & SOLUTIONS INC.

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

MARCOS GONZALEZ  
5951 NW 151<sup>st</sup> Suite 103

(P.O. Box not acceptable)

MIAMI LAKES, FL 33014

(City/State/Zip)

SIGNATURE

*Marcos Gonzalez*

TITLE PRESIDENT

DATE

May 20, 1999

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR  
 THE ABOVE STATED CORPORATION, AT THE PLACE  
 DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN  
 THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE  
 PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND  
 COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE  
 DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA  
 STATUTES.

SIGNATURE

*Marcos Gonzalez*

DATE

May 20, 1999

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 TALLAHASSEE, FLORIDA

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