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Florida Department of State
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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.

INTERNATIONAL MEDICAL CARE, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

of

INTERNATIONAL MEDICAL CARE, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I- CORPORATE NAME

The name of the corporation is:

INTERNATIONAL MEDICAL CARE, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of subcontracting with different hospitals to provide needed medical services to Latin America.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares(500) of ONE DOLLAR(S) (1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>CORINA BORNIA</u>
ADDRESS	<u>92 SQUIRE DRIVE</u>
CITY	<u>WELLINGTON</u> FLORIDA ZIP <u>33414</u>

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The principal office, if known, or the mailing address of the corporation is:

NAME INTERNATIONAL MEDICAL CARE, INC.
ADDRESS 92 SQUIRE DRIVE
CITY WELLINGTON FLORIDA ZIP 33414

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follow:

NAME CORINA BORNIA
ADDRESS 92 SQUIRE DRIVE
CITY WELLINGTON FLORIDA ZIP 33414

NAME MANUEL BORNIA, III
ADDRESS 92 SQUIRE DRIVE
CITY WELLINGTON FLORIDA ZIP 33414

NAME _____
ADDRESS _____
CITY _____ FLORIDA ZIP _____

NAME _____
ADDRESS _____
CITY _____ FLORIDA ZIP _____

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporates signing these Articles of Incorporation are as follows:

NAME CORINA BORNIA
ADDRESS 92 SQUIRE DRIVE
CITY WELLINGTON FLORIDA ZIP 33414


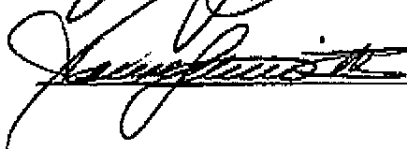
NAME MANUEL BORNIA, III
ADDRESS 92 SQUIRE DRIVE
CITY WELLINGTON FLORIDA ZIP 33414

H99000021447 0

NAME _____
ADDRESS _____
CITY _____ FLORIDA ZIP _____

NAME _____
ADDRESS _____
CITY _____ FLORIDA ZIP _____

IN WITNESS WHEREOF, the undersigned and subscriber(s)
have executed these Articles of Incorporation this 18TH
DAY OF AUGUST of 1999.

 _____ (Seal)
 _____ (Seal)
_____ (Seal)
_____ (Seal)

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

INTERNATIONAL MEDICAL CARE, INC.
(Name of Corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

At INTERNATIONAL MEDICAL CARE, INC.

92 SQUIRE DRIVE

WELLINGTON, FL.

ZIP CODE 33414

has named CORINA BORNIA

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.


(REGISTERED AGENT)