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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 541-3694  
Fax Number : (305) 541-3770

FILED  
2000 MAY 15 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**TRIPLE O MEDICAL SERVICES, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 05      |
| Estimated Charge      | \$78.75 |

OR 5/16

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ARTICLES OF INCORPORATION  
OF  
TRIPLE O MEDICAL SERVICES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2000 MAY 15 AM 9:30

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## ARTICLE I - NAME

The name of the Corporation is TRIPLE O MEDICAL SERVICES, INC.; the mailing address is 11255 S.W. 11 St., Pembroke Pines, Florida 33025 and the principal place of business is 1801 S.E. Hillmoor Dr., Port St. Lucie, Florida 34952.

## ARTICLE II - EFFECTIVE DATE AND DURATION

The effective date of this Corporation shall be May 15, 2000 and it shall have perpetual existence.

## ARTICLE III - PURPOSE

The purpose of this Corporation is to engage in the transaction of any and all business permitted under the laws of the United States and of this State, and specifically to render the practice of medicine to the public, which shall consist of examining and treating patients, consulting and rendering medical advice. This Professional Corporation shall exist and function in compliance with the "Professional Service Corporation Act" and in order to properly prosecute the objects and purposes above set forth, the Corporation shall have full power and authority to purchase, lease and otherwise acquire, hold, mortgage, convey and otherwise dispose of all kinds of property, both real and personal, necessary for the rendering of medical services, and further,

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**H000 00026764****ARTICLE IV - CAPITAL STOCK**

The maximum number of stock that this Corporation is authorized to have outstanding at any time is one hundred (100) shares with ten dollar (\$10.00) per value per share.

**ARTICLE V - ADDRESS**

The initial registered office of this Corporation is 11255 S.W. 11 St., Pembroke Pines, Florida 33025. The initial registered agent at such address is Olayemi Osiyemi, M.D..

**ARTICLE VI - DIRECTOR**

The name and address of the director of the Corporation shall be:

| NAME                  | ADDRESS                                            |
|-----------------------|----------------------------------------------------|
| OLAYEMI OSIYEMI, M.D. | 11255 S.W. 11 St.<br>Pembroke Pines, Florida 33025 |

**ARTICLE VII - SUBSCRIBER**

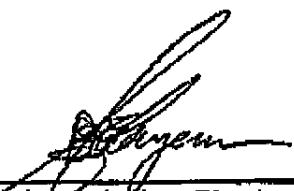
The name and street address of the incorporator of this Corporation is as follows:

| NAME                  | ADDRESS                                                    |
|-----------------------|------------------------------------------------------------|
| OLAYEMI OSIYEMI, M.D. | 11255 S.W. 11 S.W. 11 St.<br>Pembroke Pines, Florida 33025 |

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IN WITNESS WHEREOF, the undersigned subscriber has executed the foregoing Articles  
of Incorporation this 15 day of May, 2000.

  
Olayemi Osiyemi, M.D., Director

STATE OF FLORIDA

COUNTY OF MIAMI DADE

Before me personally appeared Olayemi Osiyemi, M.D. personally known to me or produced  
identification (type) \_\_\_\_\_ and who executed the foregoing Articles of  
Incorporation, and acknowledged before me that he executed the same for the purposes therein  
expressed.

Witness my hand and official seal in the County and State named this 15 day of  
May, 2000.

  
NOTARY PUBLIC STATE  
OF FLORIDA AT LARGE

My Commission Expires:



Eugene M. Simon  
MY COMMISSION # CC723344 EXPIRES  
June 5, 2002  
BONDED THRU TROY FARM INSURANCE, INC.

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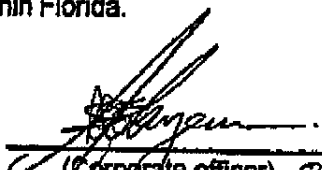
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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with section 48.091, Florida Statutes, the following is submitted:

FIRST, that TRIPLE O MEDICAL CENTERS, INC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business in the City of Port St. Lucie, State of Florida, has named OLAYEMI OSIYEMI, M.D. located at 11255 S.W. 11 St., Pembroke Pines, State of Florida, as its agent to accept service of process within Florida.

Signature

  
(Corporate officer) Olayemi Osiyemi

Title

Director

Date

May 15, 2000

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.

Signature

  
(Resident Agent) Olayemi Osiyemi

Date

May 15, 2000

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