CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850).224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Solutions of	Palm Beac	h, Inc.	
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			Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search
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ARTICLES OF INCORPORATION

OF

PREFERRED MEDICAL MANAGEMENT SOLUTIONS OF PALM BEACH, INC.

The undersigned Incorporator of these Articles of Incorporation, a natural person competent to contract, hereby adopts the following Articles of Incorporation for the purposes of forming a corporation under the laws of the State of Florida.

ARTICLE I - NAME

The name of this corporation is Preferred Medical Management Solutions of Pal

Inc.

ARTICLE II - PURPOSE

This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States Of America and the State of Florida.

ARTICLE III - CAPITAL STOCK

The amount of the capital stock which the corporation shall have authority to issue is 1,000 shares of common stock with a par value of \$1.00 per share.

ARTICLE IV - DURATION

The corporation is to exist perpetually commencing at the time of filing these Articles of Incorporation by the Department of State.

ARTICLE V - DIRECTORS

The corporation shall have three Directors initially. The number of Directors may be increased or diminished from time to time by Bylaws adopted by the stockholders, but there shall never be more than six Directors. The names of the Directors of this corporation are: Dana J. Pusateri, Juan Cocuy, and Daniel W. Bivins Jr. The street address of all Directors is 1903 S.

. Congress Avenue, Suite 400, Boynton Beach, Florida 33426.

ARTICLE VI

INCORPORATOR

The name and street address of the person signing these Articles of Incorporation is Timothy K. Anderson, 631 U.S. Highway One, Atrium Bldg, Suite 404, North Palm Beach, FL 33408.

ARTICLE VII

AMENDMENT OF ARTICLES

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to reservation.

ARTICLE VIII

BY-LAWS

In furtherance and not in limitation of the powers conferred by Statute, the Board of Directors is expressly authorized to make, alter or repeal the corporation.

ARTICLE IX

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 631 U.S. Highway One, Suite 404, North Palm Beach, Florida 33408, the initial Registered Agent of this corporation at that address is Timothy K. Anderson, Esq.

ARTICLE X

INITIAL CORPORATE OFFICE

The street address of the initial corporate office of this corporation is 1903 S. Congress

. Avenue, Suite 400, Boynton Beach, Florida 33426.

IN WITNESS WHEREOF,	the undersigned being the Incorporator has executed these
Articles of Incorporation.	Timothy Kl. Anderson, Incorporator
STATE OF FLORIDA	
COUNTY OF PALM BEACH) SS:)
	rporation of Preferred Medical Management Solutions of Palm ne this, 2000, by
	DENNIS M. BOYCE MY COMMISSION # CC 639837 EXPIRES: June 9, 2001 Bonded Thru Notary Public Underwriters

<u>CERTIFICATE OF DESIGNATION</u> 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: Preferred Medical Management Solutions of Palm Beach, Inc.

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

Timothy K. Anderson, Esquire

631 U.S. Highway One, Ste. 404

North Palm Beach, Florida 33408

Timothy K. Anderson, Esq.

DATE 10/24/2000

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.

Timothy K. Anderson, Esq.

DATE 10/04/2000