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Document Number Only

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel 850 222 1092  
Fax 850 222 7615  
Attn: Jeff Netherton

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-02/08/99--01083--011  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

CORPORATION(S) NAME

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-02/08/99--01083--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Sunlife OB/GYN Services of Ft. Lauderdale, P.A.

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| <input type="checkbox"/> Nonprofit                 | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Reinstatement          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Change of RA       |
| <input type="checkbox"/> LLC                       | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Fictitious Name           | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready        | <input type="checkbox"/> Call If Problem    |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                  |   |   |

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TALLAHASSEE, FLORIDA

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Acknowledgement \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

02/08/99

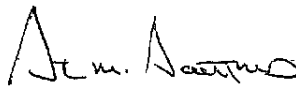
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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ARTICLES OF INCORPORATION  
OF  
SUNLIFE OB/GYN SERVICES OF FT. LAUDERDALE, P.A.

The undersigned incorporator does hereby make and acknowledge these Articles of Incorporation for the purpose of forming a professional corporation under the Florida Professional Corporation Act:

1. The name of the Corporation is Sunlife OB/GYN Services of Ft. Lauderdale, P.A.
2. The street address of the principal office of the corporation is 15 S. E. Sixteenth Street, Ft. Lauderdale, Florida 33316.
3. The purpose for which the corporation is organized is to engage in the practice of providing medical services.
4. The corporation shall have the authority to issue One Hundred Thousand (100,000) shares of common stock with the par value of One Dollar (\$1.00) per share.
5. The address of the initial Registered Office of the corporation in the state of Florida is 1200 South Pine Island Road, Plantation, Florida 33324 and the name of the initial Registered Agent at such address is CT Corporation System.
6. The name and address of the incorporator are Steven M. Scott, M.D., 2828 Croasdaile Drive, Durham, North Carolina 27705.
7. A director of the corporation shall not be personally liable for monetary damages for breach of any duty as director except and only to the extent applicable law restricts the effectiveness of this provision. Any repeal or modification of this article shall be prospective only and shall not diminish the rights or expand the personal liability of a director of the corporation with respect to any act or omission occurring prior to the time of such repeal or modification.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 4th day of February, 1999.

  
\_\_\_\_\_  
Steven M. Scott, M.D., Incorporator

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO RECEIVE SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THESE PROVISIONS, 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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATE: 2-8-99

CT CORPORATION SYSTEM

BY: Connie Bryan

Connie Bryan,  
Special Assistant Secretary

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TALLAHASSEE, FLORIDA

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