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CORPORATION(S) NAME

ROBERT WATINE M.D., P.A.

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ARTICLES OF INCORPORATION

OF

ROBERT WATINE M.D., P.A.

The undersigned incorporator, for the purpose of forming a professional association under the Florida Business Corporation Act, hereby adopts the following :

ARTICLE I - NAME

The name of the professional association shall be: Robert Watine M.D., P.A.

ARTICLE II- PRINCIPAL OFFICE

The principal office and mailing address is Robert Watine M.D., P.A. 1845 N. Corporate Lakes Blvd. Weston, Fl.33326.

ARTICLE III- TERM OF EXISTENCE

The professional association shall have perpetual existence starting on the date these articles are filed with the Florida Department of State.

ARTICLE IV - STATED CAPITAL

The professional association is authorized to issue One Hundred Thousand (100,000) shares of common stock of the par value of One Cent (ic) per share.

ARTICLE V- INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Name	Address
Robert Watine	1845 N. Corporate Lakes Blvd.,Weston Fl.33326.

ARTICLE VI - SUSCRIBER

The name and street address of the person signing these articles of inprofessional association is:

Name	Address
Robert Watine	1845 N. Corporate Lakes Blvd.,Weston Fl.33326.

ARTICLE VII = BOARD OF DIRECTORS/OFFICERS

The name and address of the initial director/officer shall be:

Name	Address
Robert Watine/President, Secretary	1845 N. Corporate Lakes Blvd., Weston Fl.33326.

ARTICLE VIII = AMENDMENT

These articles of professional association may be amended at any time in the manner provide by law. Any right conferred on the shareholders is subject to this reservation.

ARTICLE IX = PURPOSE

The professional association is organized for the purpose of practicing medicine.

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The undersigned has executed these Articles of Inprofessional Association this first day of January 2000.

Signature Robert Watine

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501. Florida Statutes. the undersioned corporation. oroanized under the laws of the State of Florida. submits the followino statement in designating the registered office/ registered agent. in the state of Florida.

1. The name of the professional association is:
   Rober Watine M.D., P.A.

2. The name and address of the registered agent and office is:
   Robert Watine
   1845 N. Corporate Lakes Blvd.
   Weston Fl. 33326

Signature Robert Watine

Title Registered Agent & Pres

Date 1/4/00

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.

Signature Robert Watine

Date 1/4/00

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