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Reply to: **Orlando**

February 4, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


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-02/07/00--01132--007
*****78.75 *****78.75

RE: Filings of Corporations

Dear Sir/Madame:

Enclosed please find two separate corporations to be filed with your office. Please return the certified copies to our office. If you have any additional questions please do not hesitate to contact me.

Thank you for your assistance in this matter.

Sincerely,

Simonetta Carrell
Legal Assistant for
Luis A. Gonzalez, Esq.

Encl.

FILED
00 FEB -7 AM 8:03
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BROWN FEB 11 2000

ARTICLES OF INCORPORATION

OF

INFECTIOUS DISEASE OF CENTRAL FLORIDA, P.A.

FILED
00 FEB -7 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME AND PURPOSE

The Name of the corporation shall be:
Infectious Disease of Central Florida, P.A.
The Purpose is for the Practice of Medicine- A Medical Clinic

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8519 Sand Lake Shores Drive
Orlando, FL 32836

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

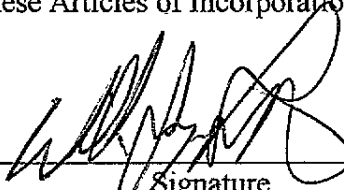
William Jay Robbins, M.D.
8519 Sand Lake Shores Drive
Orlando, FL 32836

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

William Jay Robbins, M.D.
8519 Sand Lake Shores Drive
Orlando, FL 32836

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 2nd day of February, 2000.



Signature

**Articles of Incorporation
Filing Fee- \$35.00**

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED
00 FEB -7 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designing the registered office/registered agent, in the State of Florida.

1. The name of the corporation is :

INFECTIOUS DISEASE OF CENTRAL FLORIDA, P.A.

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

William Jay Robbins, M.D.

(NAME)

8519 Sand Lake Shores Drive

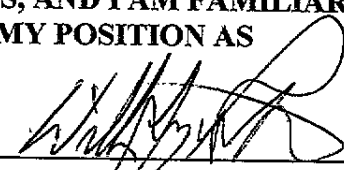
(P.O. Box Not Acceptable)

Orlando, FL 32836

(City/State/Zip)

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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE

2/2/00

REGISTERED AGENT FILING FEE: \$35.00