CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

POOO0542-8002 PAX (850) 222-1222 PA; llenium Ha/Huan Inc.

*****78.75 *****78.75 LTD Partnership File Foreign Corp. File_ L.C. File_ Fictitious Name File_ Trade/Service Mark Merger File_ Art. of Amend, File RA Resignation_ Dissolution / Withdrawal 35 Annual Report / Reinstatement Cert. Copy_ Photo Copy_ Certificate of Good Standing Certificate of Status Certificate of Fictitious Corp Record Search Officer Search Fictitious Search Fictitious Owner Searc Vehicle Search Driving Record UCC 1 or 3 File, UCC 11 Retrieval Courier_

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 23, 2000

CAPITAL CONNECTION, INC. 417 E VIRGINIA ST, STE 1 TALLAHASSEE, FL 32302

SUBJECT: MILENNIUM HEALTHCARE, INC.

Ref. Number: W00000013247

We have received your document for MILENNIUM HEALTHCARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Corrected

Tracy Smith Document Specialist

Letter Number: 000A00029165

ARTICLES OF INCORPORATION

OF

Milennium MultiDisciplinary Clinic, Inc.

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

ARTICLE I: NAME

The name of the corporation is Milennium MultiDisciplinary Clinic, Inc..

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 40347 U.S. 19 North, Suite 112, Tarpon Springs, FL 34689.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred thousand (100,000) shares having a par value of one cent (\$0.01) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Jeff Albinson, Albinson & Persante, P.A., 4625 East Bay Drive, Suite 223, Clearwater, FL 34624.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is

Scott Coletti,

Christopher Alepa,

Brian Wolstein,

40347 U.S. 19 North, Suite 112, Tarpon Springs, FL 34689.

The undersigned has executed these Articles of Incorporation this 22nd of May 2000.

"Capital Connection, Inc. by, Lance L. McGee, Client Representative"

Lana L. Mol

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501; Florida Statutes, the mentioned corporation, organized under the 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:
	Milennium MultiDisciplinary Clinic, Inc.
2.	The name and street address of the registered agant and ce is: Jef Albunson
	C/O ALBINSON & PERSANTE DA
	4625 East Bay Drive Suite 223 Clearwater, Fl. 34624

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE 8 OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PEACE THIS CERTIFICATE, I HEREBY ACCEPT THE DESIGNATED IN APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CO 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.