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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

SELECTIVE HEALTH, SERVING THE AMERICAS INC.

Certificate of Status	0
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JUL 17 2000

ARTICLES OF INCORPORATION
OF

SELECTIVE HEALTH, SERVING THE AMERICAS INC.

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

ARTICLE I NAME

The name of the corporation shall be:

SELECTIVE HEALTH, SERVING THE AMERICAS INC.

The principal place of business of this corporation shall be: 11811 SW 92 Lane Miami, Fl 33186.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000 shares @ \$1.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Moises Benchlouch
11811 SW 92 Lane
Miami Fl, 33186.

Lois Kathrine Smith
369 Sondley Drive East
Asheville, NC 28805.

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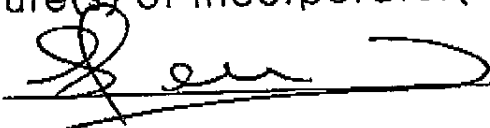
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator
(s) to this articles of incorporation is(are):

Moises Benchlouch
11811 SW 92 Lane
Miami FL, 33186

IN WITNESS WHEREOF, the undersigned incorporator(s)
has (have) executed these Articles of Incorporation
this, 12 day of July 2000

Signature(s) of Incorporator(s)



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

SELECTIVE HEALTH, SERVING THE AMERICAS INC.

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

Moises Benchlouch

11811 SW 92 Lane

(P.O. BOX NOT ACCEPTABLE)

Miami FL, 33186.

(CITY/STATE/ZIP)

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SIGNATURE 

TITLE _____

DATE _____

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE _____