CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ARTICLES OF INCORPORATION

OF



KIDSVILLE PEDIATRICS II, P.A.

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 KIDSVILLE PEDIATRICS II, P.A.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 10405 Big Tree Court, 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 five hundred (500) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Dr. Francelis Gonzalez, 10405 Big Tree Court, Orlando, FL 32836.

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 Dr. Frances Gonzalez, 10405 Big Tree Court, Orlando, FL 32836.

The undersigned has executed these Articles of Incorporation this 23rd day of April 2001.

"Capital Connection, Inc. by Stacey Legget, Client Representative"

Starry Leggett

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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 is:	Kidsville Pediatrics II, P.A.
2. The name and street address of is: Dr. Franelis Gonzale, 560	the registered agent and office US Hwy. 27 N. Davenport FL 33837
HAVE BEEN NAMED AS REGISTERED A PROCESS FOR THE ABOVE STATED CORPO THIS CERTIFICATE, I HEREBY ACCEP AGENT AND AGREE TO ACT IN THIS CAP WITH THE PROVISIONS OF ALL STATE COMPLETE PERFORMANCE OF MY DUTI	PRATION AT THE PLACE DESIGNATED IN THE APPOINTMENT AS REGISTERED PACITY. I FURTHER AGREE TO COMPLY UTES RELATING TO THE PROPER AND

ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Francelis Gonzales

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SECRETARY OF STATE
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