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FLORIDA PROFIT CORPORATION OR P.A.

Eduardo A. Sanchez, M.D., P.A.

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF INCORPORATION
OF
EDUARDO A. SANCHEZ, M.D., P.A.**

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ARTICLE I

Name

The name of this professional corporation is:

EDUARDO A. SANCHEZ, M.D., P.A.

ARTICLE II

Purpose

This professional corporation is organized under the Florida Professional Service Corporation and Limited Liability Company Act (Chapter 621 Florida Statutes) for the sole and specific purpose of rendering professional services by doctors of medicine including everything necessary and proper for the practice of medicine, and to transact any lawful business and to exercise all powers granted to professional corporations by the laws of the State of Florida.

ARTICLE III

Stock

The maximum number of shares with par value that this professional corporation is authorized to have outstanding at any one time is Ten Thousand (10,000) shares of the par value of One Dollar (\$1.00) each.

Ownership of stock in this professional corporation is limited to duly authorized physicians licensed to practice medicine in the state of Florida.

ARTICLE IV

Perpetual Existence

This professional corporation is to have perpetual existence.

ARTICLE V

Principal Office; Mailing Address

The principal office and mailing address of this professional corporation will be at 1667 Atlantic Blvd., Jacksonville, Florida 32207, or such other address as the Board of Directors may from time-to-time designate.

ARTICLE VI

Directors

The number of its directors shall not be less than one (1) but may be such greater number as may be elected by the shareholders from time to time.

The name and address of the member of the first board of directors, who shall hold office for the first year of the existence of the professional corporation or until his successor is elected or appointed is:

<u>NAME</u>	<u>ADDRESS</u>
Eduardo A. Sanchez, M.D.	1667 Atlantic Blvd. Jacksonville, FL 32207

ARTICLE VII

Incorporator

The name and address of the sole incorporator of the professional corporation is as follows:

<u>NAME</u>	<u>ADDRESS</u>
Eduardo A. Sanchez, M.D.	1667 Atlantic Blvd. Jacksonville, FL 32207

ARTICLE VIII

Registered Agent

The name of the initial registered agent of this professional corporation and the street address of the initial registered office of this professional corporation is

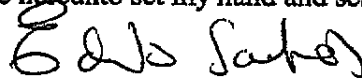
<u>NAME</u>	<u>ADDRESS</u>
Eduardo A. Sanchez, M.D.	1667 Atlantic Blvd. Jacksonville, FL 32207

ARTICLE IX

Amendment

This professional corporation reserves the right to amend, alter, change or repeal any provision contained in its articles of incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon shareholders herein are granted subject to this reservation.

I, THE UNDERSIGNED, being the sole original incorporator hereinbefore named for the purpose of forming a professional corporation to do business both within and without the State of Florida, do make, subscribe, acknowledge, and file these articles, hereby declaring and certifying that the facts herein stated are true, and accordingly have hereunto set my hand and seal this 29th day of May, 2001.



Eduardo A. Sanchez, M.D.
Incorporator

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the below named professional 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 professional corporation is:

Eduardo A. Sanchez, M.D., P.A.

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

Eduardo A. Sanchez, M.D.

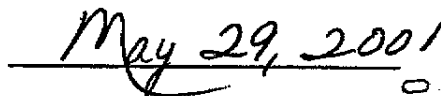
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PROFESSIONAL CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL 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:



Eduardo A. Sanchez, M.D.

DATE:



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