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Sherwin P. Robin
Clifford M. Weiss
Michael H. Smith

August 20, 2001

Via Federal Express

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Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

RE: Incorporation of Southcoast Medical Services, Inc.

Dear Division of Corporations:

Enclosed please find an original and two (2) conformed copies of Articles of Incorporation of Southcoast Medical Services, Inc., along with our Firm check in the amount of \$87.50, representing payment of the filing fee, Designation of Registered Agent fee, certified copy of the Articles, and a Certificate of Status for the corporation. Please proceed with the incorporation process at your earliest opportunity and return the certified copy and Certificate of Status for the corporation to my attention at the address set forth above.

Thank you for your cooperation and assistance with this request. Please call with any questions.

Sincerely,

ROBIN AND WEISS, P.A.

Joyce K. Batterson

Joyce K. Batterson, CLAS, CBA
Certified Legal Assistant

Encls

61 AUG 21 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2001/08/21

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Southcoast Medical Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6855 S.W. 81st Street
Miami, FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All purposes for which corporations may be organized under the laws of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100,000 no par value common shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324
(Broward County)

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sherwin P. Robin
P.O. Box 9541
Savannah, GA 31412-9541

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Joan Bolden
Signature/Registered Agent

JOAN BOLDEN
ASSISTANT SECRETARY

8/17/01
Date

[Signature]
Signature/Incorporator

Date