

P01000112033

November 9, 2001

Department of State, Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: ADVANCED MEDICAL SERVICE, L.L.C.


200004677612--4
-11/13/01--01104--005
****125.00 ****125.00

Ladies and Gentlemen:

Please find enclosed for filing one original and one copy of the Articles of Incorporation of ADVANCED MEDICAL SERVICE, L.L.C. Also enclosed is a check in the amount of \$125.00.00 as the appropriate filing fee.

Please return the copy, stamped to show the date of filing, to the undersigned.

Sincerely,



PAUL S. WEBSTER, MD
16737 NW 20th St.
Pembroke Pines, FL 33028

1201-26156

FILED
01 NOV 26 AM 7:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

T. Burch NOV 27 2001



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 14, 2001

PAUL S. WEBSTER, MD
16737 NW 20TH ST
PEMBROKE PINES, FL 33028

SUBJECT: ADVANCED MEDICAL SERVICE, L.L.C.
Ref. Number: W01000026156

We have received your document for ADVANCED MEDICAL SERVICE, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 901A00061454

ARTICLES OF INCORPORATION
OF
ADVANCED MEDICAL SERVICE, INC.

I, the undersigned, for the purpose of forming a corporation for profit, pursuant to the laws of the state of Florida, do hereby adopt the following Articles of Incorporation:

ARTICLE I

NAME

The name of the Corporation is ADVANCED MEDICAL SERVICE, INC.

ARTICLE II

PURPOSE

This Corporation is organized for the purpose of engaging in the practice of medicine

FILED
01 NOV 26 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III

BUSINESS ADDRESS

The principal place of business and mailing address of this corporation shall be 16737
NW 20TH ST, PEMBROKE PINES, FL 33028.

ARTICLE IV

DURATION

This Corporation shall have perpetual existence commencing on the date of filing of the Articles of Incorporation by the Department of State.

ARTICLE V

CAPITAL STOCK

The aggregate number of shares that the Corporation has authority to issue is 1,000
shares of One Cent (\$0.01) par value common stock.

ARTICLE VI

INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Corporation is 16737 NW 20TH ST,
PEMBROKE PINES, Florida 33028, and the name of the Corporation's initial registered agent
for service of process at such address is PAUL S. WEBSTER, MD.

ARTICLE VII

BOARD OF DIRECTORS

This Corporation shall have that number of directors as set forth in the corporation's bylaws.

ARTICLE VIII

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

PAUL S. WEBSTER, MD
16737 NW 20TH ST
PEMBROKE PINES, FL 33028.

IN WITNESS WHEREOF, I have hereunto set my hand this 9th day of NOVEMBER
2001.



PAUL S. WEBSTER, MD
16737 NW 20TH ST
PEMBROKE PINES, FL 33028

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 48.091 and 607.0501, 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 is: ADVANCED MEDICAL SERVICE, INC.
2. The name of the registered agent and office is:

PAUL S. WEBSTER, MD
16737 NW 20TH ST
PEMBROKE PINES, Florida 33028

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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 _____



DATE _____

11/19/01