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HENRY, BUCHANAN, HUDSON, SUBER & CARTER, P.A.

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February 27, 2002

VIA HAND DELIVERY

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

RE: *Articles of Incorporation*
Norman Health Care Consultants, Inc.

To Whom It May Concern:

Please find enclosed the Articles of Incorporation for Norman Health Care Consultants, Inc. Also enclosed is a check in the amount of \$78.50 for filing fees, registered agent designation and a certified copy. Please return the certified copy to the undersigned, as registered agent.

Sincerely,

HENRY, BUCHANAN, HUDSON,
SUBER & CARTER, P.A.

JOHN D. BUCHANAN, JR.
For The Firm

Enclosures

JDB:CB C:\Wp9\NORMAN.Corp\DOS.Ltr

J. BRYAN FEB 27 2002

MAIL-OUT
TALL Address

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FEB 27 PM 3:38
FEB 27 PM 12:20
DIVISION OF CORPORATION

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*****78.50 *****78.50

ARTICLES OF INCORPORATION

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 shall be: NORMAN HEALTH CARE CONSULTANTS, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1870 Royal Fern Lane
Orange Park, Florida 32003

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

ARTICLE IV - REGISTERED AGENT

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

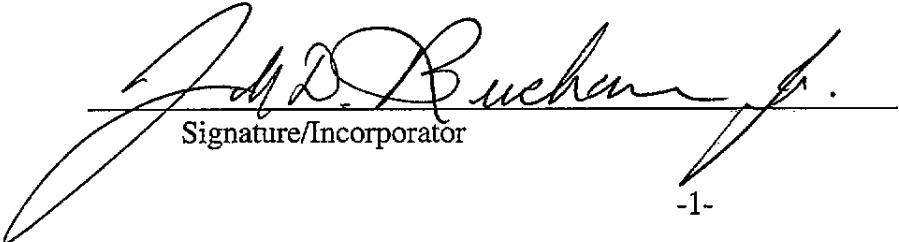
John D. Buchanan, Jr.
117 South Gadsden Street
Tallahassee, Florida 32301

ARTICLE VI - INCORPORATOR

The name and address of the Incorporator is:


John D. Buchanan, Jr.
117 South Gadsden Street
Tallahassee, Florida 32301

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02 FEB 27 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Signature/Incorporator

2/26/02
Date

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. 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/Registered Agent

2/26/02
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA