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Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name

: STANLEY A. GOLDSMITH, ATTORNEY AT LAW

Account Number: 12000000069

: (941)955-4990

Fax Number

: (941) 955-4997

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FLORIDA PROFIT CORPORATION OR P.A.

AFFIRMED MEDICAL SERVICES COMPANY

| Certificate of Status | 1 |
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ARTICLES OF INCORPORATION

of

AFFIRMED MEDICAL SERVICES COMPANY

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FIRST:

The name of the Corporation shall be AFFIRMED MEDICAL SERVICES COMPANY. The principal mailing address of the Corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

SECOND:

The purposes for which the Corporation is formed are any and all lawful purposes for which a corporation may be formed pursuant to the laws of the State of Florida and the United States.

THIRD:

The Corporation shall be authorized and empowered to issue TEN THOUSAND (10,000) shares of common stock.

FOURTH:

The mailing address of the Registered Office of the Corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

FIFTH:

The Registered Agent for the Corporation shall be:

STANLEY A. GOLDSMITH 1605 Main Street, Suite 1001 Sarasota, Florida 34236

SIXTH:

To the Incorporator of AFFIRMED MEDICAL SERVICES COMPANY:

I understand my obligations as your Registered Agent and hereby accept appointment as your

Registered Agent in accordance with F.S. 48.091.

SEVENTH:

The initial Board of Directors of the Corporation shall consist of one (1) Member:

PATRICK J. CAULEY 7358 Ridge Road Sarasota, Fl. 34238 (((H02000138457 5)))

EIGHTH:

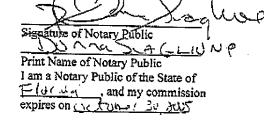
The Incorporator of AFFIRMED MEDICAL SERVICES COMPANY, who by his signature hereby acknowledges the adoption of these Articles of Incorporation, is:

PATRICK J. CAULEY 7358 Ridge Road Sarasota, FL 34238

STATE OF FLORIDA) COUNTY OF SARASOTA) ss:

The foregoing Articles of Incorporation of AFFIRMED MEDICAL SERVICES COMPANY, were acknowledged before me this day of four 20%, by STANLEY A. GOLDSMITH, as Registered Agent. He is personally known to me or has produced as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.





The foregoing Articles of Incorporation of AFFIRMED MEDICAL SERVICES COMPANY, were acknowledged before me this day of to 20 by PATRICK J. CAULEY, as Incorporator. He is personally known to me or has produced Florida Drivers License as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.



Signature of Notary Public

Print Name of Notary Public

I am a Notary Public of the State of

| Oi : I a , and my commission

expires on (OUTUB-1) (COUTUB-1)