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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. FAMILY MEDICINE CLINICS OF SOUTH FLORIDA, PA.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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-Dissolution 1st
-Corporation 2nd

NEW FILINGS	
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<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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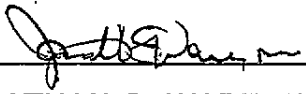
(5)

Examiner's Initials

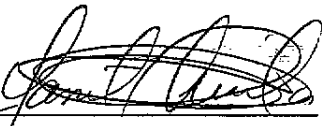
Bm 6/21

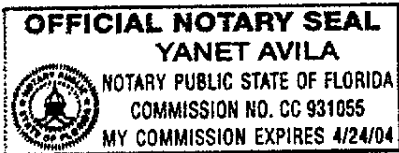
AFFIDAVIT

I JONATHAN S. WARE FORMER DIRECTOR/PRESIDENT OF FAMILY MEDICINE CLINICS OF SOUTH FLORIDA, INC. DOC.# P02000052553 HEREBY RELEASE THE CORPORATE NAME TO MYSELF FOR THE PURPOSE OF FORMING A NEW CORPORATION. I ALSO STATE THAT I HAVE NO INTENTIONS OF REVOKING THE DISSOLVED CORPORATION.


JONATHAN S. WARE, MD

STATE OF FLORIDA
COUNTY OF DADE


NOTARY PUBLIC
YANET AVILA CC931055



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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Professional Association, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FAMILY MEDICINE CLINICS OF SOUTH FLORIDA, PA
specific nature: Practice in General Medicine

ARTICLE II PRINCIPAL OFFICE

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

17901 NW 5th ST
SUITE 103
PEMBROKE PINES, FL 33029

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SONATHAN S. WARE
17901 NW 5th ST
SUITE 103
PEMBROKE PINES, FL 33029

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

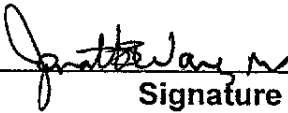
JONATHAN S. WARE
17901 NW 5TH ST
SUITE 103
PEMBROKE PINES, FL 33029

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

JONATHAN S. WARE (P)
17901 NW 5TH ST.
SUITE 103
PEMBROKE PINES, FL 33029

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 17th day of JUNE, ~~2002~~ 2002



Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: FAMILY MEDICINE CLINICS OF
SOUTH FLORIDA, PA
2. The name and address of the registered agent and office is:
JONATHAN S. WARE
(NAME)
17901 NW 5th ST suite #103
(P.O. BOX NOT ACCEPTABLE)
PEMBROKE PINES, FL 33029
(CITY/STATE/ZIP)

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

Jonathan S. Ware, MD

DATE

6/17/02

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