

Michael C. Becker & Co.

Certified Public Accountants

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PO 2000103316

September 19, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Subject: Western Surgical Specialists, P.A.

Enclosed please find the original and one (1) copy of the Articles of Incorporation and a check in the amount of \$70.00.

Also enclosed, is a stamped, self-addressed envelope so that you may return to me a confirmation of the filing.

Should you require any further information, please do not hesitate to contact me.

Sincerely,



Carolyn M. Becker, CPA, MBA

MCB/dmr

Enc.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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D. WHITE SEP 25 2002

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
OF
WESTERN SURGICAL SPECIALISTS, P.A.

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: Western Surgical Specialists, P.A.

ARTICLE II - PRINCIPAL OFFICE

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

10131 W. Forest Hill Blvd.
Suite 140
Wellington, FL 33414

ARTICLE III - CAPITAL STOCK

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

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Damien Joy, M.D.
10131 W. Forest Hill Blvd.
Suite 140
Wellington, FL 33414

ARTICLE V - NATURE OF BUSINESS

The specific nature of the business of the professional association shall be providing medical services.

ARTICLE VI - INCORPORATOR

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

Damien Joy, M.D.
10131 W. Forest Hill Blvd.
Suite 140
Wellington, FL 33414

The undersigned has executed these Articles of Incorporation

this 19 day of September, 20 02.

SIGNATURE

A handwritten signature in black ink, appearing to be 'D Joy', written over a horizontal line.

TITLE:

DIRECTOR

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the corporation is: Western Surgical Specialists, P.A.
2. The name and address of the registered agent and office is:

Damien Joy, M.D.
10131 W. Forest Hill Blvd.
Suite 140
Wellington, FL 33414

SIGNATURE: _____

DATE: _____

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: _____

REGISTERED AGENT FILING FEE: \$35.00