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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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FLORIDA PROFIT CORPORATION OR P.A.

calhoon certified midwifery services, inc.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
OF

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TALLAHASSEE, FLORIDA

CALHOON CERTIFIED MIDWIFERY SERVICES, INC.

Article I - Name

The name of the corporation is: Calhoon Certified Midwifery Services, Inc.

Article II - Duration

This corporation shall have perpetual existence.

Article III - Purpose

This corporation is organized for the purpose of transacting any and all lawful business.

Article IV - Capital Stock

This corporation is authorized to issue 500 shares of common stock at \$ 1.00 par value.

Article V - Principal Office and Agent

The street address of the corporation's initial principal office and the name of the initial registered agent at such address are as follows:

Shannan Calhoon
14790 S.W. 24 Street
Davie, FL 33325

Article VI - Initial Board of Directors

This corporation shall have one (1) director initially. The number of directors may be increased from time to time by the By-Laws but shall never be less than one (1).

Shannan Calhoon
14790 S.W. 24 Street
Davie, FL 33325

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Article VII - Incorporator

The name and address of the person signing these articles is:

Shannan Calhoon
14790 S.W. 24 Street
Davie, FL 33325

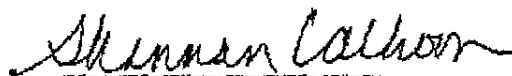
Article VIII - Indemnification

The corporation shall indemnify any officer or director or any former officer or director to the full extent permitted by law.

Article IX - Amendment

This corporation reserves the right to amend or repeal any provisions contained in these articles of incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

In witness whereof, the undersigned subscriber has executed these articles of incorporation on this 20th day of December, 2003.



Shannan Calhoon

STATE OF: FLORIDA }
COUNTY OF: BROWARD }

BEFORE ME, a notary public authorized to take acknowledgments in the State and County met forth above personally appeared Shannan Calhoon known to me and known by me to be the person who has executed the foregoing Articles of Incorporation and he acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county last aforesaid this 27th of Dec., 2002.

My Commission Expires: May 21, 2006



Adriana Munaw
Notary Public
State of Florida at Large

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STATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM
SERVICE MAY BE SERVED

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Pursuant to Chapter 607.34 Florida Statutes, the following is submitted:

First-That CALHOON CERTIFIED MIDWIFERY SERVICES, INC., desiring to
organize under the laws of the State of FLORIDA with its principal office, as indicated in
the articles of incorporation at the city of DAVIE, County of BROWARD, State of
FLORIDA, has named SHANNAN CALHOON located at 14790 S.W. 24 STREET,
DAVIE, FL 33325, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above-stated corporation, at the
place designated in this certificate. I hereby accept to act in this capacity, and agree to
comply with the provisions of said act relative to keeping open said office.

Shannan Calhoon

SHANNAN CALHOON

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