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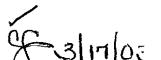
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Michael L. Zelkowitz MDRA. Signature Requested by: Name Will Pick Up _ Walk-In

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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<u> </u>	Art of Inc. File	-	
	LTD Partnership File		
	Foreign Corp. File		
	L.C. File		
	Fictitious Name File		
	Trade/Service Mark		
	Merger File		
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	RA Resignation		٠.,
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	Annual Report / Reinstatement		
	Cert. Copy	-	
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	Certificate of Good Standing		
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	Fictitious Owner Search		
	Vehicle Search	=	
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	UCC 1 or 3 File	-	
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2003 MAR 14 AM 10: 01

OF MICHAEL L. ZELKOWITZ, M.D., P.A. A PROFESSIONAL SERVICE CORPORATION

ARTICLES OF INCORPORATION

BLUNCIARY OF STATE TALLAHASSEE FLORIDA

The undersigned, duly licensed to practice medicine in the State of Florida, desiring to form a professional corporation in accordance with Chapter 607 of the Florida Statutes and the Florida Professional Service Corporation Act, does hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be:

MICHAEL L. ZELKOWITZ, M.D., P.A.

ARTICLE II COMMENCEMENT OF CORPORATE EXISTENCE

The Corporation shall commence its existence as of the date of filing of these Articles.

ARTICLE III PRINCIPAL OFFICE

The principal office of the corporation shall be at 404 Timber Ridge Drive, Longwood FL 32779.

ARTICLE IV REGISTERED AGENT

The name and address of the Corporation's registered agent is:

Marshall H. Barkin 149 S. Ridgewood Avenue, Suite 710 Daytona Beach FL 32114

ARTICLE V PURPOSE

The purpose for which the Corporation is organized shall be to engage in the practice of medicine within the State of Florida, and to take all actions that are necessary or proper in connection with that practice.

ARTICLE VI DURATION

The term of existence of the Corporation is perpetual.

ARTICLE VII PROFESSIONAL SERVICES

The professional services of the Corporation shall be rendered only through officers, employees, and agents who are duly licensed or otherwise legally authorized to practice medicine within the State of Florida. Professional services shall be rendered in each case by the officer, employee, or agent designated solely by this Corporation, acting through its duly elected officers. This provision shall not be applicable to the extent it is in conflict with the law or the professional rules of medical practice.

ARTICLE VIII INCORPORATOR

The name and post office address of the incorporator is:

MICHAEL L. ZELKOWITZ, M.D. 404 Timber Ridge Drive Longwood FL 32779

ARTICLE IX CAPITAL STOCK

The number of shares of stock that the Corporation is authorized to have outstanding is one hundred (100), all of which shall be common shares with par value of \$1.00 per share.

ARTICLE X AMENDMENT OF ARTICLES

The Corporation reserves the right to amend these Articles of Incorporation at any time in a manner now or subsequently permitted by statute. Any change authorized by the holders of shares entitling them to exercise a majority of the voting power of the Corporation, or any greater number that may then be required by statute, shall be binding and conclusive on every shareholder of the Corporation as fully as if each shareholder had voted for the change. No shareholder, notwithstanding that he or she may have voted against the amendment or may have objected in writing, shall be entitled to payment of the fair cash value of his or her shares or any other rights of a dissenting shareholder.

IN WITNE	ESS WHEREOF,	I have signed the	se Articles of	Incorporatio	on on the <u>1</u> 2	받 _ day of
March	, 2003.			-		
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CERTIFICATE OF DESIGNATION

FILE

REGISTERED AGENT/REGISTERED OFFICE

2003 MAR 14 AM 10: 01

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 office/registered agent, in the State of Florida.

- The name of the corporation is: MICHAEL L. ZELKOWITZ, M.D., P.A. 1.
- The name and address of the registered agent and office is: 2.

MARSHALL H. BARKIN 149 S. Ridgewood Avenue, Suite 710 Daytona Beach FL 32114

Date: MArch 12 , 2003

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 PEREORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Marshall H. Barkin

Date: MArch 12