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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

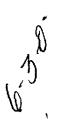




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TRANSMITTAL LETTER

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

SUBJECT: FA	MILLY PRACTICE AT	UD PREVENT	ive Medic DESUFFIX	me Centers Inc	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Angela J. Name	Ortolani Printed or typed)	1		
1620 MASon Ave Saite					
-	DAy toNA City,	Bc L F State & Zip	732117	+- - : :	
•	386 - 274 Daytime Te	7-3620	·		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

OF

FAMILY PRACTICE AND PREVENTIVE MEDICINE CENTERS, INC.

A Florida Corporation

ARTICLE 1

NAME

The name of this corporation shall be: Family Practice and Preventive Medicine Centers, Inc.

ARTICLE II

DURATION

The duration of the corporation is perpetual. The date and time of commencement is the time these Articles are subscribed and acknowledged if filed with the Department of State of the State of Florida within (5) days after such date, but if not filed within (5) days, the time of filing with the Department of State.

ARTICLE III

PRINCIPLE OFFICE

The street address of the principle office of the corporation is 1620 Mason Avenue, Suite C, Daytona Beach, Florida 32117.

ARTICLE IV

PURPOSE

The general purpose of which this corporation is initially organized is to engage in any or all lawful business for which corporations may be incorporated under Florida Law.



ARTICLE V

SHARES

The aggregate number of shares, which the corporation shall have authority to issue, is 100 shares of common voting stock having a par value of 1.00 per share.

ARTICLE VI

DIRECTORS

The number of directors constituting the initial board of directors is two and the name and address of each person who is to serve as a member thereof are as follows:

John A. Ortolani, M.D. 1430 Mason Avenue Daytona Beach, Florida 32117

Angela J. Ortolani 1620 Mason Avenue Suite C Daytona Beach, Florida 32117

The number of directors may be changed from time to time by the bylaws.

ARTICLE VII

REGISTERED AGENT

The name and address of the registered agent of the corporation is as follows:

Angela J. Ortolani 1620 Mason Avenue Suite C Daytona Beach, Florida 32117

ARTICLE VIII

INCORPORATOR

The name and address of the Incorporator is as follows:

John A. Ortolani 1430 Mason Avenue

Daytona Beach, Florida 32117

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Signature/Incorporator

5/21/2

Date

Date

IN WITNESS WHEREOF, the undersigned incorporate does herby execute and acknowledge these articles this _______ day of May, 2003.

Alysia J.Keith

STATE OF FLORIDA COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 2 day of May, 2003, by John A. Ortolani, Angela J. Ortolani and Alysia J. Keith, all who are personally known to me.

NOTARY PUBLIC

Print: allison m. Clark

Commission Number: DD 207718