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

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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2003 SEP 26 AM 9:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

FARHA FAMILY HEALTH CENTER, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	$78.75

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9/29/03

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: FARHA FAMILY HEALTH CENTER, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is: 3049 CLEAVELAND AVE, SUITE 102
FORT MYERS, FL 33902

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED .

ARTICLE IV SHARES
The number of shares of stock is:
10,000 SHARES AT $1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s) and address(es):

ADELINE SEVERE 3049 CLEAVELAND AVE., SUITE 102 FORT MYERS, FL 33902

GUY LARSEN 3049 CLEAVELAND AVE., SUITE 102 FORT MYERS, FL 33902

ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:

SHELL WILLIAMS 900 VIRGINIA AVE, SUITE 15
FORT PIERCE, FL 34982

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

SHELL WILLIAMS 900 VIRGINIA AVE., SUITE 15
FORT PIERCE, FL 34982

****

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

Shell Williams
Signature/Registered Agent — Date: 09/25/03

Shell Williams
Signature/Incorporator — Date: 09/25/03