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FLORIDA PROFIT CORPORATION OR P.A.

TORY SULLIVAN, M.D., P.A.

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ARTICLES OF INCORPORATION

OF

TORY SULLIVAN, M.D., P.A.

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The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: TORY SULLIVAN, M.D., P.A.

ARTICLE II DURATION

This corporation should have perpetual existence.

ARTICLE III PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 551 N.E. 53 STREET, MIAMI, FL 33137.

ARTICLE IV PURPOSE

The purpose of this corporation shall be: MEDICAL SERVICES.

ARTICLE V CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares common stock having an individual par value of \$1.00.

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ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: MAX A. ADAMS,
ESQ., ONE ALHAMBRA PLAZA, SUITE #100, CORAL GABLES, FL 33134.

ARTICLE VII BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

PRESIDENT

TORY SULLIVAN

551 N.E. 53 STREET
MIAMI, FL 33137

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of
Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.
2444 NW 7th PLACE
MIAMI, FL 33127

The undersigned has (have) executed these Articles of Incorporation
this 22ND day of OCTOBER, 2003.



INCORPORATOR

Ray Stormont Signing for
Empire Corporate Kit of America, Inc.

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Tory SULLIVAN, M.D., P.A.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.



REGISTERED AGENT

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