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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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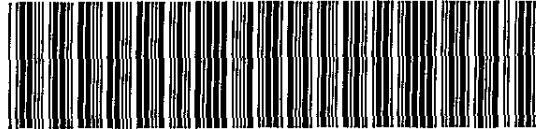
(Business Entity Name)

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LAW OFFICES  
**SHENNA A. STEVENS, P.A.**  
Attorney at Law

15251 N.E. 18TH AVENUE • SUITE 3  
NORTH MIAMI BEACH, FL 33162  
FLshelaw@aol.com  
(305) 945-0505 TELEPHONE  
(305) 948-3461 FACSIMILE

November 4, 2003

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

Re: Filing of New Corporation  
(Patients' Choice Medical Center, Inc.)

Dear Sir/Madam:

Enclosed, please find for filing the Articles of Incorporation of Patients' Choice Medical Center, Inc., a for profit corporation.

Also enclosed, please find a check for \$78.75 for the filing fee and certified copy (or certificate, whichever is applicable) of the Corporation. Upon processing, please return the same to my office at the address listed above.

Thank you in advance for your cooperation and attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Shenna A. Stevens', written over the word 'Sincerely,'.

Shenna A. Stevens, Esq.

Encl.

**ARTICLES OF INCORPORATION**  
**OF**  
**PATIENTS' CHOICE MEDICAL CENTER, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, desiring to form a professional corporation in accordance with the applicable provisions of Florida law, does hereby adopt the following Articles of Incorporation.

**ARTICLE ONE**  
**NAME**

The name of the corporation shall be:

**PATIENTS' CHOICE MEDICAL CENTER, INC.**

**ARTICLE TWO**  
**PURPOSES**

The purposes for which the Corporation is organized are as follows:

- (1) To maintain a health and medical facility for the purposes of rendering primary health and medical care to patients.
- (2) To engage in such other business as may be permitted under Florida law.

**ARTICLE THREE**  
**PRINCIPAL OFFICE**

The place where the principal office is to be located is:

14860 North Miami Avenue  
North Miami, Florida 33168

**ARTICLE FOUR**  
**REGISTERED AGENT AND REGISTERED OFFICE**

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

Shawna Charles  
14860 North Miami Avenue  
North Miami, Florida 33168

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**ARTICLE FIVE**  
**INCORPORATOR**

The name and post office address of each incorporator is:

Shawna Charles  
14860 North Miami Avenue  
North Miami, Florida 33168

**ARTICLE SIX**  
**MANNER OF ELECTION OF DIRECTORS**

The Corporation shall be governed by a board consisting of no less than one (1) and no more than two (2) directors. The directors shall be some of the stockholders in the corporation and shall be elected by the stockholders.

The number of directors consisting of the initial board of directors is two (2) and the names and post office addresses of the persons who shall serve as director until his/her successor(s) are elected and qualify are:

Ivory Christen  
14860 North Miami Avenue  
North Miami, Florida 33168

Shawna Charles  
14860 North Miami Avenue  
North Miami, Florida 33168

**ARTICLE SEVEN**  
**OFFICERS OF CORPORATION**

The day-to-day operation of the corporation shall be managed by the officers of the corporation. The initial officers of the corporation are as follows:

Shawna Charles, President and Treasurer  
14860 North Miami Avenue  
North Miami, Florida 33168

Ivory Christen, Vice President and Secretary  
14860 North Miami Avenue  
North Miami, Florida 33168

**ARTICLE EIGHT**  
**BY-LAWS**

The Bylaws of the Corporation may be adopted, altered, amended or repealed by either the stockholders or board of directors.

**ARTICLE NINE**  
**STOCK**

The aggregate number of shares of stock that the Corporation is authorized to issue is 100 shares, which shares shall be common stock having a par value of TEN DOLLARS (\$10.00) per share.

**ARTICLE TEN**  
**CAPITAL**

The amount of stated capital with which the corporation shall begin business is ONE THOUSAND AND NO DOLLARS (\$1,000.00).

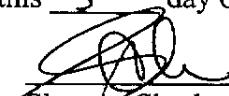
**ARTICLE ELEVEN**  
**DURATION**

The duration of the Corporation shall be perpetual until dissolved by the stockholders or board of directors.

**ARTICLE TWELVE**  
**AMENDMENT**

The Corporation reserves the right to amend or repeal any provisions contained in the Articles of Incorporation, in accordance with applicable Florida law.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation in Miami, Miami-Dade County, Florida on this 3<sup>rd</sup> day of November 2003.

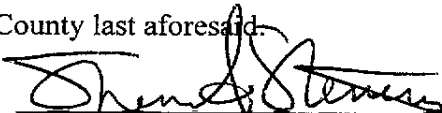
  
\_\_\_\_\_  
Shawna Charles, Incorporator

STATE OF FLORIDA       }  
COUNTY OF MIAMI-DADE }

On this 3<sup>rd</sup> day of NOVEMBER, 2003, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared SHAWNA CHARLES, who is personally known to me or who produced the following identification PERSONALLY KNOWN and who acknowledged before me under oath that she executed the same.

Witness my hand and official seal in the State and County last aforesaid.



  
\_\_\_\_\_  
Notary Public, State of Florida

**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT**

To the Secretary of State:

State of Florida:

I, **SHAWNA CHARLES**, having been named as registered agent and to accept service of process for **PATIENTS' CHOICE MEDICAL CENTER, INC.**, do hereby accept the appointment of 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.

My address is: 14860 North Miami Avenue  
North Miami, Florida 33168

DATED this 3<sup>rd</sup> day of November 2003.

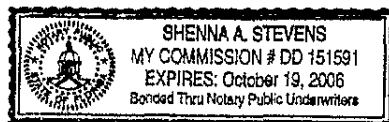
  
Shawna Charles, Registered Agent

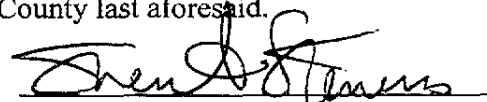
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA }  
COUNTY OF MIAMI-DADE }

Sworn to and subscribed before me, the undersigned authority, on this 3<sup>rd</sup> day of NOVEMBER, 2003, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared SHAWNA CHARLES, who is personally known to me or who produced the following identification PERSONALLY KNOWN, and who acknowledged before me under oath that she executed the same.

Witness my hand and official seal in the State and County last aforesaid.



  
Notary Public, State of Florida