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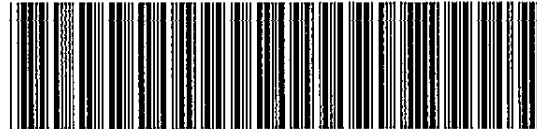
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**ARTICLES OF INCORPORATION  
OF  
THE VILLAGE SLEEP DISORDERS CENTER, INC.**

The undersigned incorporator, for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**Article I -- Name**

The name of the corporation shall be THE VILLAGE SLEEP DISORDERS CENTER, INC.

**Article II -- Principal Office**

The principal office of the corporation shall be:

1400 U.S. Hwy. 441 North, Suite 946  
The Villages, FL 32159

**Article III -- Purpose**

The corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**Article IV -- Shares**

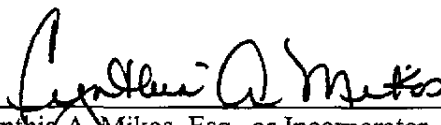
The corporation is authorized to issue 10,000 shares of \$0.01 par value common stock.

**Article V -- Initial Registered Agent and Street Address**

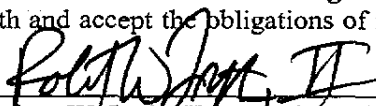
Robert W. Lytle, II  
Physician Advisory Group, Inc.  
500 NW 43<sup>rd</sup> Street, Suite 3  
Gainesville, FL 32607

**Article VI -- Incorporator**

Cynthia A. Mikos, Esq.  
Cynthia A. Mikos, P.A.  
2018 East 4<sup>th</sup> Avenue  
Tampa, FL 33605-5216

  
\_\_\_\_\_  
Cynthia A. Mikos, Esq., as Incorporator  
Date: 2/6/04

Having been named as a 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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Robert W. Lytle, II, as Registered Agent  
Date: 2-18-04

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