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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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

MEDICAL HEALTH PROVIDER, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

of

MEDICAL HEALTH PROVIDER, INC.
(Name of Corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I- CORPORATE NAME

The name of the corporation is:

MEDICAL HEALTH PROVIDER, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of operating as a physician assistant certified.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue five hundred shares (500) of one dollar (\$) (1.00) par value Common Stock, which shall be designated "Common Shares."

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ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Agent office and the name of the Initial Registered Agent at that office are:

NAME DINORAH A. SED
ADDRESS 16031 E. PIMLICO DRIVE
CITY LOXAHATCHEE, FL. 33470

The principal office, if known or the mailing address of the corporation is:

NAME MEDICAL HEALTH PROVIDER, INC.
ADDRESS 16031 E. PIMLICO DRIVE
CITY LOXAHATCHEE, FL. 33470

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follow:

NAME DINORAH A. SED
ADDRESS 16031 E. PIMLICO DRIVE
CITY LOXAHATCHEE, FL. 33470

NAME _____
ADDRESS _____
CITY _____

NAME _____
ADDRESS _____
CITY _____

NAME _____
ADDRESS _____
CITY _____

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporates signing these Articles of Incorporation are as follows:

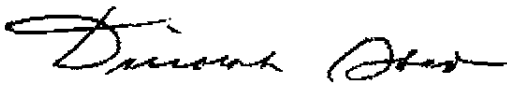
NAME DINORAH A. SED
ADDRESS 16031 E. PIMLICO DRIVE
CITY LOXAHATCHEE, FL. 33470

NAME _____
ADDRESS _____
CITY _____

NAME _____
ADDRESS _____
CITY _____

NAME _____
ADDRESS _____
CITY _____

IN WITNESS WHEREOF, the undersigned and subscriber(s) have executed these Articles of Incorporation this 26TH DAY OF February, 2003.

 _____ (Seal)

_____ (Seal)

_____ (Seal)

_____ (Seal)

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

MEDICAL HEALTH PROVIDER, INC.
(Name Corporation)

Pursuant to Florida Statutes Sections 48.091 and
607.0501, the following is submitted:

The above corporation, desiring to organize under the
laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation


At: MEDICAL HEALTH PROVIDER, INC.
16031 E PIMLICO DRIVE
PALM SPRINGS, FL 33461

Has named DINORAH A. SED

Located at the aforesaid address, as its Registered
Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service
of process for the above stated corporation at the
place designated in this certificate, and being
familiar with the obligations of that position, I
hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping
open said office.



(REGISTERED AGENT)

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