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DIVISION OF CORPORATION

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LAZARUS CORPORATE FILING SERVICE

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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. FLORIDA MEDICAL PLAN, INC.
   (Corporation Name) (Document #)
2. _____
   (Corporation Name) (Document #)
3. _____
   (Corporation Name) (Document #)
4. _____
   (Corporation Name) (Document #)

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	NEW FILINGS
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(9/92)

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 26, 2004

LAZARUS

,

SUBJECT: FLORIDA MEDICAL PLAN, INC.
Ref. Number: W04000015982

We have received your document for FLORIDA MEDICAL PLAN, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P02000024371.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 804A00027418

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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:

FLORIDA FAMILY HEALTH PLAN, CORP.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10521 SW 22 LN MIAMI, FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SELLING MEDICAL PLAN

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

VIVIAN DE LA CARIDAD MOLINA (president)

10521 SW 22 LN MIAMI, FL 33165

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

VIVIAN DE LA CARIDAD MOLINA
10521 SW 22 LN MIAMI, FL 33165

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

VIVIAN DE LA CARIDAD MOLINA
10521 SW 22 LN MIAMI, FL 33165

****

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

VDLCM 4/20/04
Signature/Registered Agent — Date

VDLCM 4/20/04
Signature/Incorporator — Date