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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPAN

Account Number: 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

fierce, inc.



Certificate of Status	0
Certified Copy Page Count	1 02



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 11, 2004

EMPIRE

SUBJECT: FIERCE, INC. REF: W04000030701

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

The registered agent must sign accepting the designation.

Please list the RA's name in article 4.,

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) 245-6931.

Becky McKnight Document Specialist New Filings Section FAX Aud. #: H04000165029 Letter Number: 404A00049787 HO40001650ARED

ARTICLES OF INCORPORATION

FIERCE, INC., a Florida Corporation

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The undersigned incorporator for purposes of forming a professional corporation under the Florida BusinessARY OF STATE Corporation Act, hereby adopts the following ArtifoldsAMASSEE, FLORIDA Incorporation:

FIRST: The name of the Corporation is: FIERCE, INC. (the "Corporation").

SECOND: The principal office address and mailing address of the Corporation is: 530 OCEAN DRIVE, SUITE 108, MIAMI, FL 33132

THIRD: The Corporation is authorized to issues 1,000 shares of common stock, par value \$1.00 per share.

FOURTE: The name and address of the initial registered office of the Corporation is: Thomas G. Sherman, Esq., P.A., 218 ALMERIA AVENUE, CORAL GABLES, FL 33134

FIFTH: The name and address of the incorporator of the Corporation is: Thomas G. Sherman, Esq., P.A., 218 Almeria Avenue, Coral Gables, Florida 33134.

SIXTH: The Corporation is organized for the purpose to do everything necessary, proper, or convenient to accomplish any of the purposes set forth in these erticles, and to do every other act incidental to the corporate purposes, which is not forbidden by Florida laws or by the provisions of these articles of incorporation.

The Purposes of this corporation shall be carried our only through officers, employees, and agents, each of whom is licensed or otherwise legally qualified to render professional medical services in the State of Florida.

SEVENTH: The Corporation shall have TWO directors initially and the number of directors may be increased or diminished from time to time as provided in the By-Laws but shall never be less than one. The name and address of the initial directors of the Corporation are:

SHARON BREWINGTON 530 OCEAN DRIVE, SUITE 108 MIAMI, FL 33132

VINCENT PASTORE 530 OCEAN DRIVE, SUITE 108 MIAMI, FL 33132

EIGHTH: The name, title and address of the initial officers of the Corporation are:

SHARON BREWINGTON, PRESIDENT 530 OCEAN DRIVE, SUITE 108 MIANI, FL 33132

VINCENT PASTORE, VICE-PRESIDENT 530 OCEAN DRIVE, SUITE 108 MIAMI, FL 33132

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he corporate existence of the Corporation shall

NINIH:

The corporate existence of the Corporation shall commence on the date of filing with the Secretary of State.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this work day of AUCUST. 2004.

THOMAS C. SHERMAN, INCORPORATOR

ACCEPTANCE OF APPOINTMENT

OF

REGISTERED AGENT

I hereby accept the appointment as registered agent contained in the foregoing Articles of Incorporation and state that I am familiar with and accept the obligations of Section 607.0505 of the Florida Business Corporation Act.

Print Name: Thomas G. Sherman

This instrument prepared by: Thomas G. Sherman, Esq. 218 Almeria Avenue Coral Gables, Florida 33134 SECRETARY OF STATE

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