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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : T20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FLORIDA PROFIT CORPORATION OR P.A.

JANE ONUFER, MD, PA

Certificate of Status	0
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758/23/04

ARTICLES OF INCORPORATION
OF
JANE ONUFER, MD, PA

The undersigned incorporator, for the purpose 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 is JANE ONUFER, MD, PA

The specific nature of business of this professional association is the practice of medicine.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business is and mailing address of the corporation is 6160 SW 92nd Street,
Pinecrest, FL 33156.

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ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one (1) shares having no par value.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Davis, Hellman, & Suarez, 1135 Kane Concourse, Fifth Floor, Bay Harbor Islands, FL 33154.**

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.**

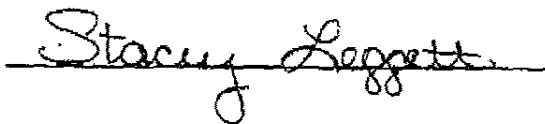
ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial Board of directors is **President: Jane Onufer, 6160 SW 92nd Street, Pinecrest, FL 33156.**

ARTICLE VII: INDEMNIFICATION

The Corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law currently in effect or hereinafter enacted.

The undersigned has executed these Articles of Incorporation this 23rd day of August 2004. Your Capital Connection, Inc., by Stacey Leggett, Client Representative

A handwritten signature in cursive script, reading "Stacey Leggett", is written over a horizontal line.

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Jane Onufer, MD, PA

2. The name and street address of the registered agent and office is: _____

DAVIS, Hellman & Suarez
1135 Kane Concourse, 5th floor
Bay Harbor Islands, FL 33154

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE 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.

[Signature]

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