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FLORIDA PROFIT CORPORATION OR P.A.

FLORIDA PHLEBOLOGY, P.A.

Certificate of Status	0
Certified Copy	1
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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 PHLEBOLOGY, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

109 Bonito Drive, Ocean Ridge, FL 33435

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To own, operate and maintain an establishment for the study, diagnosis and treatment of human ailments and injuries, whether physical or mental.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 Common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Corporate Research Solutions, Inc.
1333 N. Duval Street
Tallahassee, FL 32303**ARTICLE VII INCORPORATOR**

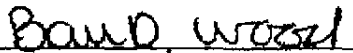
The name and address of the Incorporator is:

Bari D. Wood
30 S. Wacker Dr., Suite 2600
Chicago, IL 60606

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


Signature/Registered Agent

8-23-04
Date


Signature/Incorporator

8/23/04
Date

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