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(Business Entity Name)

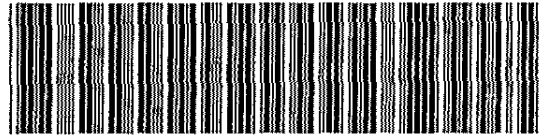
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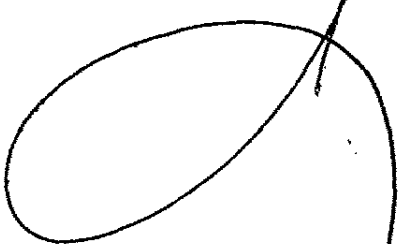
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TALLAHASSEE, FLORIDA

05 APR - 7 PM 4:06

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APRIL 4, 2005

FL DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
P. O. BOX 6327  
TALLAHASSEE, FL 32314

WELAKA MEDICAL SERVICES, INC.

GENTLEMEN:

ENCLOSED PLEASE FIND THE ORIGINAL AND ONE COPY OF THE ARTICLES  
OF INCORPORATION, TOGETHER WITH MY CHECK IN THE AMOUNT \$78.75.

THIS REPRESENTS THE COST OF THE FILING FEES, CERTIFIED COPY  
ARTICLES OF INCORPORATION AND FEE FOR REGISTERED AGENT  
DESIGNATION FOR THE ABOVE NAMED CORPORATION.

VERY TRULY YOURS,

HECTOR D. REYES, JR, MD  
PRESIDENT

CORPORATION  
WELAKA MEDICAL SERVICES, INC.  
P. O. BOX 984  
WELAKA, FL 32193  
386-546-3616



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 13, 2005

HECTOR D. REYES, JR MD  
WELAKA MEDICAL SERVICES, INC.  
P.O. BOX 984  
WELAKA, FL 32193

SUBJECT: WELAKA MEDICAL SERVICES  
Ref. Number: W05000018714

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

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 305A00025288

# ARTICLES OF INCORPORATION

of

WELAKA MEDICAL SERVICES, INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

WELAKA MEDICAL SERVICES, 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 engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

## ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	<u>990 992 Elm ST.</u>		
CITY	<u>Welaka</u>	FLORIDA <u>FL</u>	ZIP <u>32193</u>

Mailing address, if different

STREET ADDRESS	<u>990 992 Elm ST., PO Box 984</u>		
CITY	<u>Welaka</u>	FLORIDA	ZIP <u>32193</u>

## ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	<u>Hector D. Reyes, Jr., MD</u>		
ADDRESS	<u>990 992 Elm ST.</u>		
CITY	<u>Welaka</u>	FLORIDA	ZIP <u>32193</u>

EFFECTIVE DATE  
4-9-05

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors 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 follows:


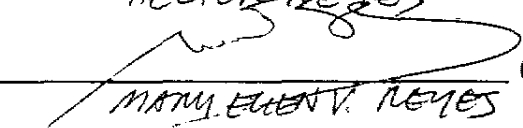
NAME	Hector D. Reyes, Jr., MD		
ADDRESS	126 Pine Lake Dr., St. John's River Club		
CITY	Satsuma	STATE	FL ZIP 32189
NAME	Mary Ellen V. Reyes		
ADDRESS	126 Pine Lake Dr., St. John's River Club		
CITY	Satsuma	STATE	FL ZIP 32189
NAME			
ADDRESS			
CITY		STATE	ZIP

# ARTICLE VIII - INCORPORATORS

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

NAME	Hector D. Reyes Jr., MD		
ADDRESS	126 Pine Lake Dr., St. John's River Club		
CITY	Satsuma	STATE	FL ZIP 32189
NAME	Mary Ellen V. Reyes		
ADDRESS	126 Pine Lake Dr., St. John's River Club		
CITY	Satsuma	STATE	FL ZIP 32189
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 6th day of April, 19-2005.

  
 \_\_\_\_\_ (Signature)  
 HECTOR REYES  
  
 \_\_\_\_\_ (Signature)  
 MARY ELLEN V. REYES  
 \_\_\_\_\_ (Signature)

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE

WELAKA MEDICAL SERVICES, INC.  
(name of corporation)

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

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

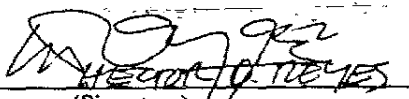
at 990 ~~992~~ Elm Street  
Welaka, FL 32193

has named Hector D. Reyes, Jr., MD

located at the aforesaid address, as its registered agent to accept service of process within this state.

FILED  
05 APR - 7 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated 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)

April 6, 2005  
(Date)

ARTICLE IX- EFFECTIVE DATE

THIS CORPORTION, WELAKA MEDICAL SERVICES, INC. HAS AN EFFECTIVE  
DATE OF 4/9/2005.