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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : INCORPORATETIME.COM, INC.  
Account Number : I19990000221  
Phone : (631)589-5552  
Fax Number : (631)589-2848

06 JUL -7 PM 1:25  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
THOMAS R. ROWE GENERAL & ONCOLOGIC SURGERY P.A.

Certificate of Status	0
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ARTICLES OF INCORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*THE UNDERSIGNED INCORPORATION 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 SHALL BE:

THOMAS R. ROWE GENERAL & ONCOLOGIC SURGERY P.A.

ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be:

2055 MILITARY TRAIL, SUITE 305  
JUPITER, FL 33458

ARTICLE III -PURPOSE

The Purpose for which the corporation is organized is:  
HEALTH CARE PROVIDER

ARTICLE IV -SHARES

The number of shares of stock that this corporation is authorized to have at any one time is:

2,000 shares at \$.01 par value

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ARTICLE V -INITIAL OFFICERS/DIRECTORS:

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President/Director:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THOMAS ROWE, M.D.  
5387 PENNOCK POINTE ROAD  
JUPITER, FL 33458

ARTICLE VI -INITIAL REGISTERED AGENT AND STREET ADDRESS:

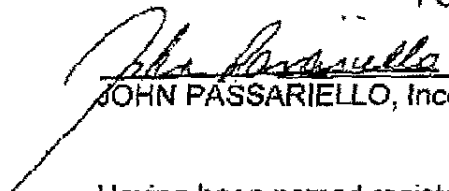
The name and Florida street address of the initial registered agent are:

JOHN PASSARIELLO  
6466 NW 5TH WAY  
FORT LAUDERDALE, FL 33309

ARTICLE VII-INCORPORATOR:

The name and address of the Incorporator to these Articles of Incorporation are:

JOHN PASSARIELLO  
6488 NW 5TH WAY  
FORT LAUDERDALE, FL 33309

  
\_\_\_\_\_  
JOHN PASSARIELLO, Incorporator

7-6-06  
Date

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

  
\_\_\_\_\_  
JOHN PASSARIELLO, Registered Agent

7-6-06  
Date

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