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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 : A L A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

Emergency Care Associates, Inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:
EMERGENCY CARE ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is
861 NW 173 TERRACE
MIAMI, FLORIDA 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock:
1,500 COMMON SHARES PAR VALUE \$.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR & PRESIDENT:

BRIAN L. STARK
861 NW 173 TERRACE
MIAMI, FLORIDA 33169

VICE PRESIDENT & TREASURER:

BRENDA L. STARK
861 NW 173 TERRACE
MIAMI, FLORIDA 33169

SECRETARY:

JONATHAN A. STARK
861 NW 173 TERRACE
MIAMI, FLORIDA 33169

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PAGE 2 EMERGENCY CARE ASSOCIATES, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

BRIAN L. STARK
861 NW 173 TERRACE
MIAMI, FLORIDA 33169

ARTICLE VII INCORPORATOR

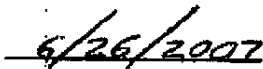
The name and Florida street address of the incorporator is:

BRIAN L. STARK
861 NW 173 TERRACE
MIAMI, FLORIDA 33169

.....
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.



Brian L. Stark / Registered Agent



Date



BRIAN L. STARK /Incorporator



Date

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