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FLORIDA PROFIT/NON PROFIT CORPORATION

PHYSICIAN'S CARE PARTNERS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME
The name of the corporation shall be:

PHYSICIAN'S CARE PARTNERS, INC.

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ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
3358 W. SOUTH PORT ROAD UNIT: 5
KISSIMMEE, FL 34746

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is:
SHARES: 100

EFFECTIVE DATE 1/1/08

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):

FRANCISCO M. MACIAS, M.D. (P/D)
3358 W. SOUTH PORT ROAD UNIT: 5
KISSIMMEE, FL 34746

EFFECTIVE DATE: JANUARY 01, 2008

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ARTICLE VI REGISTERED AGENT

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

FRANCISCO M. MACIAS, M.D.
3358 W. SOUTH PORT ROAD UNIT: 5
KISSIMMEE, FL 34746

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

FRANCISCO M. MACIAS, M.D.
3358 W. SOUTH PORT ROAD UNIT: 5
KISSIMMEE, FL 34746

****

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

(X) Francisco M. [signature]
Signature/Registered Agent — 12-19-07 Date

(X) Francisco M. [signature]
Signature/Incorporator — 12-19-07 Date