Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195

: (850)521-1000

Fax Number

: (850)558-1515

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.*

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION ACCENTIA PHYSICIANS SERVICE, INC.

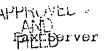
Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

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

SECRETAITY OF STATE FALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ACCENTIA PHYSICIANS SERVICE INC., A FLORIDA CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

7481 West Oakland Park Blvd., Suite 302, Fort Lauderdale, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful activity.

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares common no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Pradeep Viswambharan, Sole Officer 7481 West Oakland Park Blvd., Suite 302, Fort Lauderdale, FL 33319

ARTICLE VI REGISTERED AGENT

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

Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Corporation Service Company 830 Bear Tavern Rd. West Trenton, NJ 08628

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

Corporation Service Company

i service Company

Signature/Incomorator

Name: Highelle Kisbron

Title: Assistant Secretary