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Articles

1. HEALTH ASSOCIATES OF TAMPA BAY, P.A.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

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6. _____
(CORPORATE NAME AND DOCUMENT #)

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SPECIAL INSTRUCTIONS:

**ARTICLES OF INCORPORATION
OF
HEALTH ASSOCIATES OF TAMPA BAY, P.A.**

The undersigned incorporator, for the purposes of forming a professional service corporation in accordance with the Florida Professional Service Corporation Act, hereby adopts the following Articles of Incorporation.

Article I -- Name

The name of the corporation shall be HEALTH ASSOCIATES OF TAMPA BAY, P.A.

Article II -- Principal Office and Mailing Address

The initial address of the principal office of the corporation and the corporation's mailing address shall be 1211 East Cumberland Avenue, Unit 501, Tampa, Florida 33602

Article III -- Purpose

The corporation is organized as a professional service corporation as permitted under the Florida Statutes and the corporation will be engaged in every aspect of the business of rendering professional services to the public that a medical doctor, duly licensed under the laws of the State of Florida, is authorized to render.

Article IV -- Shares

The corporation is authorized to issue 10,000 shares of \$0.01 par value common stock.

Article V -- Initial Registered Agent and Street Address

The street address of the initial registered office of this corporation is 1211 East Cumberland Avenue, Unit 501, Tampa, Florida 33602, and the name of the initial registered agent is Jeetpaul Saran, M.D.

Article VI -- Incorporator

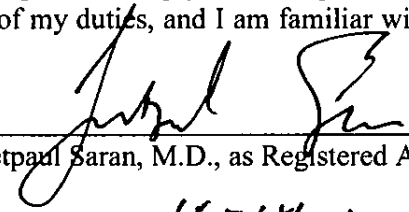
The incorporator is Jeetpaul Saran, M.D. whose address is 1211 East Cumberland Avenue, Unit 501, Tampa, Florida 33602.



Jeetpaul Saran, M.D., as Incorporator

Date: 10-14-11

Having been named as a 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.



Jeetpaul Saran, M.D., as Registered Agent

Date: 10-14-11

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