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ARTICLES OF INCORPORATION

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CARIBBEAN MEDICAL CARE, INC. TALLAHASSEE, FLORIDA

ARTICLE I. NAME

The name of this corporation is CARIBBEAN MEDICAL CARE, INC.

ARTICLE II. DURATION

This corporation is to exist perpetually.

ARTICLE III. PURPOSE

This corporation is organized for the purpose of transacting any activity or business permitted under the laws of the United States and of Florida.

ARTICLE IV. CAPITAL STOCK

The aggregate number of shares which the corporation is authorized to issue is One Thousand (1,000) shares having a par value of \$1.00 per share.

ARTICLE V. REGISTERED OFFICE AND REGISTERED AGENT

The initial principle office of the proposed corporation in the State of Florida is 834 Harbor Inn Drive, Coral Springs, Florida 33071, and the mailing address of the proposed corporation is the same. The name and address of the initial registered agent is JOSEPH J. DI CAPUA, 250 S.W. 15 Avenue, Boca Raton, Florida 33486.

ARTICLE VI. DIRECTORS

The number of directors constituting the initial Board of Directors of the proposed corporation is four (4) members. The name and address of each person who is to serve as a member of the initial Board of Directors are:

NAME

ADDRESS

JOSEPH J. DI CAPUA

250 S.W. 1 Avenue Boca Raton, Florida 33486

JOSEPH S. ANTONUCCI

834 Harbor Inn Drive Coral Springs, Florida 33071

DERWIN A. WESTERBURGER

627 Verona Place Weston, Florida 33326

JOSEPH M. CROES

627 Verona Place Weston, Florida 33326

ARTICLE VII. INCORPOR TOR

NAME

ADDRESS

JOSEPH J. DI CAPUA

250 S.W. 15 Avenue Boca Raton, Florida 33486

EXECUTED by the undersigned at Deerfield Beach, Florida, on this 2/ day of March, 1995.

JOSEPH J. DI CAPUA

STATE OF FLORIDA

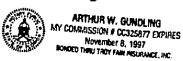
COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, a Notary
Public duly authorized to take acknowledgments in the State and
County named above, personally appeared JOSEPH J. DI CAPUA, who
is personally known to me or has produced a Florida driver's
license as identification and who did not take and oath and who
executed the foregoing Articles of Incorporation.

WITNESS my hand and official scal of the County and State named above this day of March, 1995,

Notary Public

My Commission Expires:



Pursuant to Section 607.164 of the Florida Statutes, I,

JOSEPH J. DI CAPUA, accept the designation as Registered Agent
for CARIBBEAN MEDICAL CARE, INC.

JOSEPH JU DI CAPUA

STATE OF FLORIDA

COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, a Notary
Public duly authorized to take acknowledgments in the State and
County named above, personally appeared JOSEPH J. DI CAPUA, who
is personally known to me or has produced a Florida driver's
license as identification and who accepted the designation of
registered agent by signing the Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above on this _____ day of March, 1995.

Notary Public

My Commission Expires:

ARTHUR W. GUNDLING
MY COMMISSION # CC325A77 EXPIRES
NOVEMBER 8, 1997
BONDED THEM TROY I AN INSURANCE, INC.