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TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

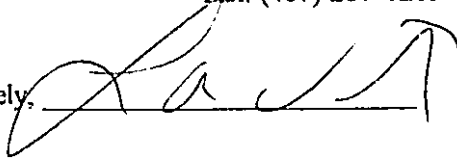
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***122.50 ***122.50

SUBJECT: WOUND CLINICS OF THE TREASURE COAST INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$122.50. Please send me a Certificate of Incorporation.

FROM: Louis A. Viamontes M.D.
59 N.River Rd.
Stuart, Fl. 34994
Tel: (407) 287-2518
Fax: (407) 287-1209

Sincerely,



W95-8308

Dmc 4/18/95

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FILED
95 APR 26 AM 11:44
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 18, 1995

LOUIS A. VIAMONTES M.D.
59 N RIVER ROAD
STUART, FL 34994

SUBJECT: WOUND CLINICS OF THE TREASURE COAST INC.
Ref. Number: W95000008308

We have received your document for WOUND CLINICS OF THE TREASURE COAST INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie
Corporate Specialist Supervisor

Letter Number: 395A00018153

CERTIFICATE OF INCORPORATION
OF
WOUND CLINICS OF THE TREASURE COAST INC.

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95 APR 26 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

First, the name of the CORPORATION IS WOUND CLINICS OF THE TREASURE COAST INC.

Second, its registered office in the State of Florida is to be located at 59 N.River Rd., in the city of Stuart, County of Martin.

Third, the registered agent is Louis A. Viamontes M.D. and the registered agent's address is: Louis A. Viamontes M.D.

59 N.River Rd.
Stuart, Fl. 34994
Tel: (407) 287-2518
Fax: (407) 287-1209

Fourth, the nature of the business and objects and purposes proposed to be transacted, promoted and carried on, are to do any and all things herein mentioned, as fully and to the same extent as natural persons might or could do, and in any part of the world, viz: "The purpose of the corporation is to engage in any lawful act or activity for which the corporations may be organized under the general Corporation Law of Florida."

Fifth, the corporation shall have the authority to issue two classes of stock. the classification and par value of each share of stock shall be as follows:
1,000 Shares of Common stock, each share to have a Par Value of \$1 per share Par Value, designated as Class A Common Stock; and 1,000,000 shares of Preferred Stock with a Par Value of \$1 each share, designated as Class B Preferred Stock. The holder of Class A Preferred Stock shall be allowed one vote per share of Class A Preferred Stock at the time of Corporate elections. The holder of Class B Common Stock shall not be allowed to vote during Corporate elections unless he also holds Class A Preferred Stock. Said preferred and common stock may be issued from time to time in one or more classes or series, with such dividend rates, voting rights, rights of conversions, rights upon dissolution or liquidation and with such designations, preferences and relative participation, optional or other special rights or qualifications, limitations or restrictions thereof, as shall be determined by resolution adopted by the Board of Directors at the time such stock is issued.

Sixth, the name and mailing address of the incorporator is as follows:

NAME	POST OFFICE ADDRESS
Louis A. Viamontes M.D.	59 N.River Rd. Stuart, Fl. 34994



Stuart Surgical Clinic, P.A.

Louis A. Viamontes, M.D.
S. Scott Tapper, M.D.

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95 APR 26 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

East Ocean Blvd.
Stuart, FL 34994
Tel: (407) 287-2518
1-800-280-6533
Fax: (407) 287-1209
1701 Hillmoor Dr.
Suite 18
Port St. Lucie, FL 34952
Tel: (407) 398-8154

April 24, 1995

Re: WOUND CLINICS OF THE TREASURE COAST INC.
Ref # W95000008308

To whom it may concern:

Please note that the corporate address is the same as that
of the Registered Agent. (59 N. River Rd. Stuart, FL 34994)

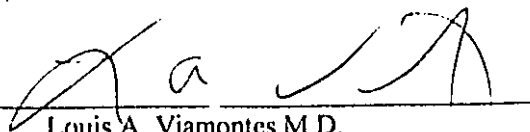
Sincerely,



Louis A. Viamontes, M.D.

The undersigned incorporator has executed these Articles of Incorporation this 6th day of April, 1995.

Signature: _____

A handwritten signature in dark ink, appearing to be 'Louis A. Viamontes', written over a horizontal line.

Louis A. Viamontes M.D.
59 N. River Rd.
Stuart, Fl. 34994

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED

95 APR 26 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the undersigned Corporation, organized under the Laws of the State of Florida, submits the following statement designating the Registered office/Registered Agent, in the State of Florida.

1. The name of the Corporation is: **WOUND CLINICS OF THE TREASURE COAST INC.**

2. The name and address of the registered agent and office is:

Louis A. Viamontes M.D.
59 N. River Road
Stuart, Fl. 34994
Tel: (407) 287-2518
Fax: (407) 287-1209

Having been named as the registered agent and to accept service of process for the above stated corporation in the office 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.

Signature: _____

