Address . 10.40 (1.30 (4.1.4.3.1.5.4.4.1.1.6.2) - 05.71 (270) - (11.00) - (11.0.2.5.5.4.4.1.2.2.50 - + + + + 1.2.2.50 - + + + + 1.2.2.50 City/State/Zip Phone // Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): Florida, In (Copparation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) 96 HAY 13 PH 3: 33

DIVISION OF CORPORATION

Certificate of Status

OF CORPORATION Certified Copy Pick up time Will wait Mail out Photocopy NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

FILED
96 MAY 13 M U 15

ARTICLES OF INCORPORATION

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NATIONAL WOMEN'S HEALTH ORGANIZATION OF CENTRAL FLORIDA, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I

The name of the corporation is:

NATIONAL WOMEN'S HEALTH ORGANIZATION OF CENTRAL FLORIDA, INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The aggregate number of shares that this corporation shall have authority to issue shall be One Thousand (1,000) Common shares, all of which shall be without par value.

ARTICLE IV

The street address of the initial registered office of this corporation shall be 1700 West Colonial Drive, Orlando, Florida 32804, and the name of the initial registered agent of this corporation at such address is Patricia Davis.

ARTICLE V

The principal place of business and mailing address of this corporation shall be 1700 West Colonial Drive, Orlando, Torida 32804.

The undersigned incorporator has executed these Articles of Incorporation this 9th day of April, 1996.

Donald P. Hebert

307 Hamilton Street

Albany, New York 12210

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

In compliance with the provisions of Section 607.0501, Florida Statutes, NATIONAL WOMEN'S HEALTH ORGANIZATION OF CENTRAL FLORIDA, INC., organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST:

The name of the corporation is:

NATIONAL WOMEN'S HEALTH ORGANIZATION OF CENTRAL FLORIDA, INC.

SECOND: The name and address of the registered agent and office is:

Patricia Davis 1700 West Colonial Drive Orlando, Florida 32804

HAVING BEEN named as 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated this 9 day of May

. 1996

Patricia Davis