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BYRON R. RUSSELL
ATTORNEY AT LAW
7211 S.W. 62nd AVE., SUITE 204
MIAMI, FLORIDA 33143
(305) 667-6161

6-6-96

DIVISION OF CORPORATIONS
STATE OF FLORIDA
POST OFFICE BOX 6327
TALLAHASSEE, FL. 32314

400001855374
-06/07/96--01036--002
****122.50 ****122.50

RE: DISABILITY MANAGEMENT
OF FLORIDA, INC.

ENCLOSED PLEASE FIND MY CHECK FOR $122.50, ARTICLES OF INCORPORATION, AND REGISTERED AGENT PAPERS FOR THE ABOVE NEW CORPORATION

THANKING YOU IN ADVANCE FOR THIS MATTER.

SINCERELY,

BYRON R. RUSSELL

FILED
96 JUN 13 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dmc 6/14/96

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 10, 1996

BYRON R. RUSSELL, ESQUIRE
7211 SW 62ND AVE SUITE 204
MIAMI, FL 33143

SUBJECT: DISABILITY MANAGEMENT CONSULTANTS OF FLORIDA, INC.
Ref. Number: W96000012264

We have received your document for DISABILITY MANAGEMENT CONSULTANTS OF FLORIDA, 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):

The name you are requesting is unavailable, since it has been reserved by another individual. In order to use the name you must obtain their release. When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular corporate name, please call (904) 488-9000.

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) 487-6931.

Garrett Blanton
Document Specialist

Letter Number: 896A00028743

6-6-96

DIVISION OF CORPORATIONS
STATE OF FLORIDA
POST OFFICE BOX 6327
TALLAHASSEE, FL. 32314

RE: DISABILITY MANAGEMENT
OF FLORIDA, INC.

ENCLOSED PLEASE FIND MY CHECK FOR $122.50, ARTICLES OF INCORPORATION, AND REGISTERED AGENT PAPERS FOR THE ABOVE NEW CORPORATION

THANKING YOU IN ADVANCE FOR THIS MATTER.

SINCERELY,

BYRON R. RUSSELL

6-10-96

ENCLOSED ARE NEW PAPERS FOR THE ABOVE CORPORATION

CHANGING THE NAME TO DISABILITY MANAGEMENT SERVICES OF FLORIDA, INC.

SINCERELY,

BYRON R. RUSSELL

BYRON R. RUSSELL
Attorney at Law

7211 S.W. 62nd Ave. Suite 204
Miami, Florida 33143 (305) 667-6161

FILED

96 JUN 13 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

DISABILITY MANAGEMENT SERVICES OF FLORIDA, INC.

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

ARTICLE I: NAME

The name of the corporation shall be DISABILITY MANAGEMENT SERVICES OF FLORIDA, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be 925 SW 150 TERR., SUNRISE,FL. 33326.

ARTICLE III:CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred thousand (100,000) shares having a par value of one/hundreth of a dollar ($.01) per share.

ARTICLE IV: REGISTERED AGENT & OFFICE

The name and address of the registered agent is WILLIAM J. MALONEY, 925 SW 150 TERR. SUNRISE, FLORIDA, 33326. The registered office address is 925 SW 150 TERR., SUNRISE, FL. 33326.

BYRON R. RUSSELL
Attorney at Law
7211 SW 62 Ave Suite 204
Miami, Florida 33143

Fla. Bar No. 158006
305-667-6161

ARTICLE V: INCORPORATOR

The name and address of the incorporator is WILLIAM J. MALONEY 925 SW 150 TERR., SUNRISE, Fl. 33326.

ARTICLE VI: DIRECTORS

The name and address of each director of the corporation is WILLIAM J. MALONEY-President-Secretary & Treasurer, 925 SW 150 TERR., SUNRISE, FL. 33326

William J. Maloney

WILLIAM J. MALONEY-INCORPORATOR
DISABILITY MANAGEMENT
SERVICES OF FLORIDA, INC.

FILED

96 JUN 13 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes the mentioned corporation 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:

1. The name of the Corporation is DISABILITY MANAGEMENT SERVICES OF FLORIDA, INC.
2. The name and address of the registered agent and office WILLIAM J. MALONEY, 925 SW 150 TERR., SUNRISE, FLORIDA. 33326.

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 state statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligation of my position as registered agent.

William J. Maloney

WILLIAM J. MALONEY
DISABILITY MANAGEMENT
SERVICES OF FLORIDA, INC.
925 SW 150 TERR.,
SUNRISE, FLORIDA 33326