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TO: DIVISION OF CORPORATIONS DEPARTMENT OF STATE

STATE OF FLORIDA 409 EAST GAINES STREET TALLAHASSEE, FL 32399

JOHNSTON

FAX: (904) 922-4000

(((H96000009936))) OR P.A.

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FROM: STRAWN & MONAGHAN, P.A. 54 NB 4'TH AVE

DELRAY BEACH FL 33483-CONTACT: JOEL T. STRAWN OR AUDY R.

PHONE: (407) 278-9400

FAX: (407) 278-9462 DOCUMENT TYPE: FLORIDA PROFIT CORPORATION

NAME: SUN CLINIC MANAGEMENT, INC. FAX AUDIT NUMBER: H96000009936 DATE REQUESTED: 07/17/1996

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ARTICLES OF INCORPORATION

OF

SUN CLINIC MANAGEMENT, INC.

FILED 95 JUL 17 RI SECRETA

The incorporator named herein does hereby subscribe to and file these Afticles of incorporation for the purpose of organizing a corporation under the Florida Business Corporation Act.

Article I. - Namo

The name of this corporation is:

SUN CLINIC MANAGEMENT, INC.

Article II. - Purpose

This corporation is organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under the Fiorida Business Corporation Act.

Article III. - Capital Stock

The aggregate number of shares which this corporation shall have authority to issue is 1,000 shares of common stock, consisting of one class, and having a par value of \$1.00.

Article IV. - Preemptive Right

The shareholders of this corporation, having the same kind, class or series of stock, shall have the preemptive right to purchase, at the price which it is offered to others, a pro rate share (as nearly as may be done without issuance of fractional shares) of unissued or treasury shares of the corporation; or securities of the corporation convertible into or carrying a right to subscribe to or acquire shares.

Jeffrey L. Cohen, Esq. (Florida Bar #703968) Strawn, Monaghan & Cohen, P.A. 54 N. E. Fourth Avenue Delray Beach, FL 33483 (561) 278-9400

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Article V. - Principal Office or Mailing Address: Resident Agent

The mailing address of the corporation and the initial registered office of this corporation is 1512 East Broward Boulevard, Suite 200, Fort Lauderdale, Florida 33301, and the name of the initial registered agent of this corporation at that address is J. Walter McCrory.

Article VI. - Initial Board of Directors

This corporation shall have one director initially. The number of directors may be either increased or decreased from time to time through Bylaws adopted by the shareholders, but shall never be loss than one (1). The name and address of the initial Director of this corporation is:

NAME

ADDRESS

Nile R. Lestrange, M.D.

4800 N. Federal Highway Fort Lauderdale, FL 33308

Article VII. - Incorporator

The name and address of the Incorporator signing these Articles of Incorporation is:

NAME

ADDRESS

Nile R. Lostrange, M.D.

4800 N. Federal Highway Fort Lauderdale, FL 33308

Article VIII. - Bylaws

The power to adopt, alter, amend or repeal Bylaws shall be vested in the Board of Directors and the shareholders; except those Bylaws that may be adopted by the shareholders, and designated as such, shall not be altered, amended or repealed by the Directors.

Article IX. - Amendment

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

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Article X - Indemnification

The corporation shall indemnify any officer or Director, or any former officer or Director, to the full ordent permitted by law for all acts performed or failed to be performed in good faith within the scope of his/her duties on behalf of the corporation.

IN WITNESS WH Articles of incorporation on Jur	EREOF, the undersigned incorporator has executed these 1996.
	Nile R. Lestrange, M.D., Incorporator
STATE OF FLORIDA	V
COUNTY OF BROWARD)	
ACTION INCLUSIONES, DOUBONALLY AC	this day before me, an officer duly qualified to take peared Nile R. Lestrange, M.D., who is personally known triver's license as identification and who did not take an
WITNESS my hand end of day of June, 1996.	official soci in the County and State last aforesaid this
(Notary Seal)	Notary Public Print Name: Maria, ICOLARU
	My commission expires:
	MARIA BROSAND NOTARY FURLE STATE OF FLORIDA COMMISSION NO. CENSON ANY COMMISSION NO. CENSON

NO.586 P.5 -

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ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

The undersigned, named as the Registered Agent in Article V of these Articles of incorporation, hereby accepts the appointment as such Registered Agent, agrees to act in this capacity, and acknowledges that he is familiar with, and accepts the obligations imposed upon registered agents under the Florida Business Corporation Act.

J. Walter McCrory Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORING