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TALLAHASSEE, FL 32310  
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TELEPHONE SERVICE ACCOUNT NO. : 072100000032

REFERENCE : 056307 80448A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : August 16, 1996

ORDER TIME : 11:24 AM

ORDER NO. : 056307

CUSTOMER NO: 80448A

CUSTOMER: Marshall H. Barkin, Esq  
MARSHALL H. BARKIN, ESQ  
PERSONAL ACCOUNT  
Suite 710  
149-p S. Ridgewood Avenue  
Daytona Beach, FL 32114

1000001924401  
08/16/96--01057--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

DOMESTIC FILING

NAME: OPAL HEALTHCARE, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 AUG 16 PM 3:13

RECEIVED  
96 AUG 16 AM 11:52  
DIVISION OF CORPORATIONS  
8/15/96

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 AUG 16 PM 3:13

**ARTICLES OF INCORPORATION  
OF  
OPAL HEALTHCARE, 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 - NAME**

The name of the corporation shall be: **OPAL HEALTHCARE, INC.**

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation shall be:

110 Sand Dunes Drive  
Ormond Beach, FL 32176

**ARTICLE III - CAPITAL STOCK**

The aggregate number of shares which the Corporation has authority to issue is One Hundred (100) shares, all of which shall be common shares with a par value of \$1.00 per share.

**ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

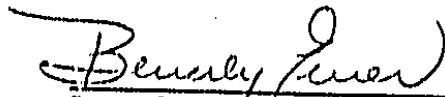
Beverly Ewer  
110 Sand Dunes Drive  
Ormond Beach, FL 32176

**ARTICLE V - INCORPORATOR**

The name and street address of the incorporator is:

Beverly Ewer  
110 Sand Dunes Drive  
Ormond Beach, FL 32176

8th IN WITNESS WHEREOF, I have hereunto subscribed my name this  
day of August, 1996.

  
Beverly Ewer, Incorporator

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 AUG 16 PM 3:13

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned 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: **OPAL HEALTHCARE, INC.**
2. The name and address of the registered agent and office is:

Beverly Ewer  
110 Sand Dunes Drive  
Ormond Beach, FL 32176

  
Beverly Ewer, Incorporator

Date: 8/8/96

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 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.

  
Beverly Ewer

Date: 8/8/96