CAPITAL CONNECTION, INCOMES Solution 1, Tallahassee, FL J2301, (904)224-8870

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222

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Ploase remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection

ARTICLES OF INCORPORATION

OSCEOLA FAMILY SPECIALISTS, INC

The undersigned subscriber to these Articles //of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATION NAME

The name of the corporation shall be:

OSCEOLA FAMILY SPECIALISTS, INC.

ARTICLE II - PURPOSE

This corporation may engage in or transact any and all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue FIVE HUNDRED shares (500) of "No Par Value" (\$0.00) Common Stock, which shall be designated "Common Shares."

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

22 MONUMENT STREET, SUITE 13 KISSIMMEE, FLORIDA 34741

The name and street address of the Initial Registered Agent of this corporation is:

VALERIE CAMPBELL 22 MONUMENT STREET, SUITE 13 KISSIMMEE, FLORIDA 34741

ARTICLE V - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time-to-time by the By-Laws, but shall never be less than one (1).

3001-2 of 4

The names and addresses of the initial director(s) of the corporation are as follows:

VALERIE CAMPBELL 22 MONUMENT STREET, SUITE 13 KISSIMMEE, FLORIDA 34741

ARTICLE VI - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE VII - INCORPORATOR(S)

The names and addresses of the incorporator(s) signing these Articles of Incorporation are as follows:

VALERIE CAMPBELL 22 MONUMENT STREET, SUITE 13 KISSIMMEE, FLORIDA 34741

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 14TH Day of October, 1996.

STATE OF FLORIDA

COUNTY OF OSCEOLA

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Signature

ture KNOWN TO ME
Form of Identification

known to me and known to be the person who executed the foregoing Articles of Incorporation, who acknowledged before me that he executed these Articles of Incorporation, that I relied upon the

form(s) of identification of the above named person(s) as indicated opposite each name.

WITNESS my hand and official seal this 14TH Day of October, 1996.

(SEAL)

Notary Public State of FLORIDA



My Commission Expires: April 22, 2000

DESIGNATION OF AND ACCEPTANCE BY REGISTERED AGENT

The following is submitted in compliance with the laws of the State of Florida. OSCEOLA FAMILY SPECIALISTS, INC., a corporation organizing under the laws of the State of Florida, with its principal office located at:

22 MONUMENT STREET, SUITE 13 KISSIMMEE, FLORIDA 34741

has named VALERIE CAMPBELL, whose address is:

22 MONUMENT STREET, SUITE 13 KISSIMMEE, FLORIDA 34741

as its Agent to accept service of process within this State.

ACCEPTANCE:

I agree as Registered Agent to accept service of process; to keep the office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above designated address) in some conspicuous place in the office as required by law.

Registered Agent:

I have Carelle

STATE OF FLORIDA

COUNTY OF OSCEOLA

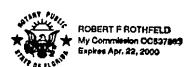
BEFORE ME, the undersigned authority, this day personally appeared VALERIE CAMPBELL, who, after being duly sworn, deposes and says that the facts and matters contained above are true and correct, and that he has executed the same for the purposes expressed herein.

WITNESS my hand and official seal this 14TH Day of October, 1996.

Notary Public

State of FLORIDA

My Commission Expires: April 22, 2000



(SEAL)