

**CORPORATE
ACCESS,
INC.**

P96000088855

1116-D Thomasville Road, Mount Vernon Square, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666, Fax (904) 222-1666

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Profit

1.) Choice Medical Centers, Inc.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

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4.) _____
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9.) _____
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10.) _____
(CORPORATE NAME & DOCUMENT #)

FILED
96 OCT 29 AM 11:44
TALLAHASSEE, FLORIDA

RECEIVED
96 OCT 29 AM 11:13
DIVISION OF CORPORATE RECORDS

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MC OCT 29 1996

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95 OCT 29 AM 11:44
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

CHOICE MEDICAL CENTERS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CHOICE MEDICAL CENTERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1900 Glades Road, Suite 100
Boca Raton, Florida 33431

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Gary Brown
1900 Glades Road, Suite 100
Boca Raton, Florida 33431

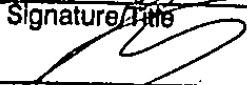
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

Gary Brown
1900 Glades Road, Suite 100
Boca Raton, Florida 33431

The undersigned has(have) executed these Articles of Incorporation this

28th day of October, 19 96.

	Gary Brown, President
<u>Signature/Title</u>	
	Gary Brown, Vice President
<u>Signature/Title</u>	
	Gary Brown, Secretary
<u>Signature/Title</u>	

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

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TALLAHASSEE

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 designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: CHOICE MEDICAL CENTERS, INC.

2. The name and address of the registered agent and office is:

Gary Brown
(NAME)
1900 Glades Road, Suite 100
(P.O. BOX ~~NOT~~ ACCEPTABLE)
Boca Raton, Florida 33431
(CITY/STATE/ZIP)

SIGNATURE [Signature]
(corporate officer)
TITLE President
DATE 10/28/96

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.

SIGNATURE [Signature]
DATE _____

REGISTERED AGENT FILING FEE: \$35.00