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NAME: UNITED MEDICAL GROUP OF SO. FLORIDA, INC.
AUDIT NUMBER.....H96000016922
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ARTICLES OF INCORPORATION

(4)

OF

UNITED MEDICAL GROUP OF SO. FLORIDA, 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: UNITED MEDICAL GROUP OF SO. FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

7990 S.W. 24th Street
Miami, Florida 33155

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 (One Thousand) of \$1.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MARIA MARTINEZ
7990 SW 24th Street
Miami, Florida 33155

Marcos A. Guerra, CPA
3663 SW 8 St. # 210
Miami, FL 33135
(305) 447-1426

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CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
STATE OF FLORIDA

H96000016922

**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: UNITED MEDICAL GROUP OF SO. FLORIDA, INC.

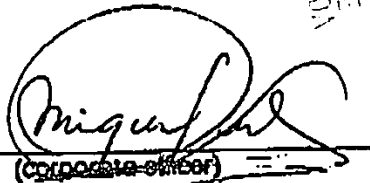
2. The name and address of the registered agent and office is:

MARIA MARTINEZ
(NAME)

7990 SW 24th Street
(P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33155
(CITY/STATE/ZIP)

SIGNATURE

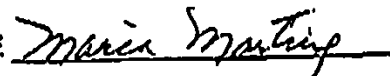

(Corporate Officer)

TITLE

DATE 11/14/96

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



DATE 11/14/96