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97 MAY 12 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****122.50 ****122.50

CORPORATION(S) NAME

Sunrise Podiatry center, Inc

(X) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
( ) Reinstatement ( ) Reservation ( ) Change of Registered Agent

(X) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
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Verifier
Acknowledgment
W.P. Verifier

CR2E031 (R8-85)

CERTIFIED COPY

W97-9269
K.R. APR 22 1997
K.R. MAY 12 1997

RECEIVED
97 APR 22 AM 10:04

Empire Toll Free: 1-800-432-3028

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 22, 1997

EMPIRE

TALLAHASSEE, FL

SUBJECT: SUNRISE PODIATRY CENTER, INC.
Ref. Number: W97000009269

We have received your document for SUNRISE PODIATRY CENTER, INC. and your check(s) totaling $122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

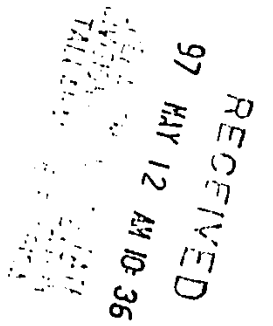
Please resubmit the articles either typewritten or printed in ink.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 697A00020573



Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

TOTAL P.02

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation under the Florida General Corporation Act, adopt the following articles of incorporation for such corporation:

The name of the corporation is Sunrise Podiatry Center, Inc.

The period of its duration is perpetual.

The purpose is to engage in the practice of permitted under the laws of the United States and Florida, subject to the limitations as provided by the provisions of the Florida Professional Service Corporation Act. The principal place of business of the corporation is

2500 N. University Drive Suite 6, Sunrise, FL 33313

The corporation shall have authority to issue 100 shares, all of one class, $1.00 par value.

The address of its initial registered office is

2500 N. University Drive Suite 6, Sunrise, FL 33313

and the name of its initial registered agent at said address is Michael Kerzner

The number of directors constituting its initial board of directors is 1 whose name(s) and address(es) is(are)

Name	Address
Michael Kerzner	143 NW 107 Ter. Plantation, FL 33324

The name(s) and address(es) of the incorporator(s) is(are):

Name	Address
Michael Kerzner	143 NW 107 Terr Plantation, FL 33324

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TALL...

X _____
Signature of Incorporators

Dated 4/9, 1997

STATE OF FLORIDA
COUNTY OF BROWARD

Before me, the undersigned authority, personally appeared personally known to me who is to me well known to be the person described in an who subscribes the above articles of incorporation, and he did agree, and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at Plantation in said County and State this 9th day of April, 1997.

Cindy Kramer
Notary Public
STATE OF FLORIDA

My commission expires

Mindy Mitchell Krasnipol
Notary Public, State of Florida
Commission No. CC 418454
My Commission Expires 03/27/98

FEES: $122.50

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statues, the undersigned corporation organized under the laws of the state of Florida, submits the following statement to designate the registered office/registered agent, in the state of Florida..

1. The name of the corporation is: Suncrest Podiatry Center, Inc

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

Michael Kerzner
(Name)

143 NW 107 Terr
(P.O. Box Not Acceptable)

Plantation, FL 33324
(City/State/Zip)

SIGNATURE _____
(Corporate Officer)

TITLE _____

DATE _____

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 _____

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TALLAHASSEE, FLORIDA