CORPORATE ACCESS, INC.

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

900002258 1

WALK IN

PICK UP 6/13/97

___ CERTIFIED COPY ___ ✓ CUS G. S.

✓ PHOTO COPY ___ ✓ FILING Articles

1.) Physicians Provider Network, Inc.
(CORPORATE NAME & DOCUMENT #)

2.) ___
(CORPORATE NAME & DOCUMENT #)

100002211441--6
-06/13/97--01019--001
****157.50 *****78.75

3.) ___
(CORPORATE NAME & DOCUMENT #)

FILED
97 JUN 13 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4.) ___
(CORPORATE NAME & DOCUMENT #)

5.) ___
(CORPORATE NAME & DOCUMENT #)

6.) ___
(CORPORATE NAME & DOCUMENT #)

7.) ___
(CORPORATE NAME & DOCUMENT #)

RECEIVED
97 JUN 13 AM 10:51
DIVISION OF CORPORATION

8.) ___
(CORPORATE NAME & DOCUMENT #)

9.) ___
(CORPORATE NAME & DOCUMENT #)

10.) ___
(CORPORATE NAME & DOCUMENT #)

6/13

SPECIAL INSTRUCTIONS ___

"When you need ACCESS to the world"
CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

ARTICLES OF INCORPORATION

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.

FILED
97 JUN 13 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PHYSICIANS PROVIDER NETWORK, INC.

ARTICLE II PRINCIPAL OFFICE

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

17330 N.W. 7th Avenue, Suite 404
Miami, Florida 33±69

ARTICLE III SHARES

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

100 shares, $1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Scott R. English, M.D.
17330 N.W. 7th Ave., Suite 404
Miami, FL 33169

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Scott R. English, M.D.
17330 N.W. 7th Ave., Suite 404
Miami, FL 33169

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

12 day of June , 19 97

(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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: PHYSICIANS PROVIDER NETWORK, INC.

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

Scott R. English, M.D.
(NAME)

17330 N.W. 7th Avenue, Suite 404
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Miami, Florida 33169
(CITY/STATE/ZIP)

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)

6/12/97
(DATE)

FILED
97 JUN 13 PM 2:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FLA 32314