IRA FINANCIAL MANAGEMENT CORP.

BUITE 14

GAGS NORTHEAST STIR PLACE

THACH. FLORIDA 83160

Florida Department of State Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

> 900002245479---****122.50 ****122.50

Dear Sirs:

Enclosed please find:

- Articles 1. Original and one copy of Incorporation pertaining to STATEWIDE NEUROLOGICAL , INC.
- 2. My check in the amount of \$122.50 for payment of the following:

\$ 35.00 a. Filing Fees 52.50 Certified Copy of Articles b. 35.0Q Registered Agent Designation

Total

\$122.50

You will also find enclosed copy of the Certificate Designating Place of Business and Registered Agent.

Please file these Articles as soon as possible, noting the provision under Article II stating that this Corporation's existence shall commence on the date of execution of said Articles, which is date received by State of Florida.

Upon its approval, please return a Certified copy of these Articles of Incorporation to the undersigned via the self-addressed stamped envelope provided herein.

Thank you for your cooperation in this matter.

Very truly yours,

Enclosure

W97-16215



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 14, 1997

IRA BARAZ IRA FINANCIAL MANAGEMENT CORP. 16463 NORTHEAST 27TH PL. N. MIAM BEACH, FL 33160

SUBJECT: STATEWIDE NEUROLOGICAL, INC. Ref. Number: W97000016215

We have received your document for STATEWIDE NEUROLOGICAL, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$122.50.

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

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 (850) 487-6924.

Letter Number: 597A00036012

Sharon Tala Document Specialist Supervisor

ARTICLES OF INCORPORATION

OF

STATEWIDE NEUROLOGICAL, INC.

ARTICLE I - NAME

The name of this corporation is ___STATEWIDE NEUROLOGICAL, INC.

ARTICLE II - DURATION

This corporation shall exist in perpetuity.

tion is

ARTICLE III - PURPOSE

This corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and Florida.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 50,000 shares of \$.01 par value common stock which shall be designated "Common Shares".

AND PRINCIPLE ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT OFFICE

The street address of the initial registered office of this corpora-1304 S.W. 160TH AVENUE SUITE 212 WESTON FLORIDA 33326

ARTICLE VI - INITIAL BOARD OF DIRECTORS

director initially. The number This corporation shall have one of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one. The names and addresses of the initial directors of this corporation are

TINA CARO 1304 S.W. 160TH AVENUE SUITE 212 WESTON FLORIDA 33326

ARTICLE VII - INCORPORATOR

The name and address of the person signing these Articles is

TINA CARO 1304 S,W, 160TH AVENUE SUITE 212

ARTICLE VIII - BY-LAWS

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors.

ARTICLE IX - POWERS

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

ARTICLE X- INDEMNIFICATION

This corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE XI- AMENDEMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendement hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 10 day of 1997

STATE OF FLORIDA (SS COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared

TINA CARO

to me well known, and known to me to be the individual(s) described in and who executed the foregoing instrument as subscriber thereto.

WITNESS my hand and official seal this 10 day of July

1997

Notary Public, State of Florida at Large

My Commission Expires:



DESIGNATION OF REGISTERED AGENT

(Attached to the Articles of Incorporation and Made a Part Thereof)

Pursuant to Chapters 48.091 and 607.034, Florida Statutes, the following is submitted in compliance with said Acts and made a part of the Articles of Incorporation of said corporation to which this document is attached:

THAT, STATEWIDE NEUROLOGICAL, INC. desiring to organize under the Laws of the State of Florida, with its registered offices as indicated in the Articles of Incorporation in the City of WESTON County of BROWARD State of Florida, has named. TINA CARO as its Registered Agent to accept service of process within this State.

The second second