

P97000073157
Michael C. Becker & Co.

Certified Public Accountants

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TRANSMITTAL LETTER

August 18, 1997

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*****70.00 *****70.00

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Subject: Medical Services of the Palm Beaches, Inc.

Enclosed please find the original Articles of Incorporation for the above corporation, and check in the amount of \$70.

Also enclosed is a stamped, self-addressed envelope, so that you may return to me a confirmation of the filing.

Should you require any further information, please do not hesitate to contact me.

Sincerely,



Michael C. Becker, C.P.A.

MCB/def
Enc.

(4)

Dmc
8/22/97

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

Medical Services of the Palm Beaches, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - NAME

The name of the corporation shall be: Medical Services of the Palm Beaches, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

1755E Linton Lakes Drive
Delray Beach, Florida, 33445

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) and the par value is \$.01 per share.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

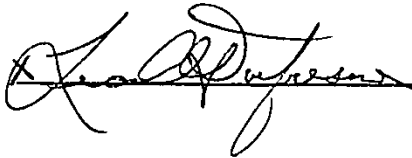
Leon Dufresne
1755E Linton Lakes Drive
Delray Beach, FL 33445

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Leon Dufresne
1755E Linton Lakes Drive
Delray Beach, FL 33445

The undersigned has executed these Articles of Incorporation this 18th day of August, 1997.

 _____
SIGNATURE

TITLE: Director

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 agent/registered office, in the state of Florida.

1. The name of the corporation is: Medical Services of the Palm Beaches, Inc.
2. The name and address of the registered agent and office is:

Leon Dufresne
1755E Linton Lakes Drive
Delray Beach, FL 33445

SIGNATURE: X

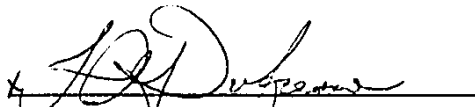

(Corporate Officer)

TITLE: Director

DATE: August 18, 1997

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: X



DATE: August 18, 1997

REGISTERED AGENT FILING FEE: \$35.00