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FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS
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FAX #:

FROM: BROWARD MEDICAL SERVICES, INC.
071324000655

ACCT#:

CONTACT: ROLANDO TRUJILLO
PHONE: (305)541-0790
(305)541-4015

FAX #:

NAME: BROWARD MEDICAL SERVICES, INC.

AUDIT NUMBER.....H97000014766

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 3

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
OF

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

BROWARD MEDICAL SERVICES, 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: BROWARD MEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

2601 Davie Blvd. Suite 2-B
Ft. Lauderdale, FL 33312

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 Shares of Common Stock, \$1.00 Par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Beatriz Jorge
2601 Davie Blvd. Suite 2-B
Ft. Lauderdale, FL 33312

Prepared By: Beatriz Jorge
2601 Davie Blvd. Suite 2-B
Ft. Lauderdale, FL 33312
Tel: 954-327-0503

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ARTICLE V INCORPORATOR(S)

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

BEATRIZ JORGE, PRESIDENT
2601 Davie Blvd., Suite 2-B
Ft. Lauderdale, FL 33312

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

26 day of August, 19 97.



Signature PRESIDENT

Signature

Signature

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: BROWARD MEDICAL SERVICES, INC.

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

Beatriz Jorge
(Name)

2601 Davie Blvd. Suite 2-B
(P.O. Box not acceptable)

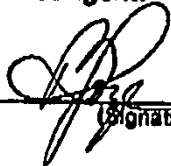
Ft. Lauderdale, FL 33312
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

REGISTERED AGENT

August 26, 1997

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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