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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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Tallahassee, FL 32314			※※※※非常(む。1つ かつ
SUBJECT: Sould	HERN MEDICAL Ada (Proposed corpor		ix) TIVE DATE 1-98
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :			
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM: JAMES R. WIGGINS Name (Printed or typed)			
7230 SAN SEBASTIAN DR Address			
BOCA RATON FL 33433 City, State & Zip			
(561) 372-7028 Daytime Telephone number			
,		: P. Hall N	OV - 4 1997

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I
NAME OF THE CORPORATION

EFFECTIVE DATE

The name of the Corporation shall be: Southern Medical Administrators, Inc.

ARTICLE II
PLACE OF BUSINESS

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

7230 San Sebastian Dr. Boca Raton, Fl. 33433

ARTICLE III SHARES OF STOCK

The number of shares of common stock that this corporation is authorized to have outstanding at any one time is: one-hundred (100).

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent is:

James R. Wiggins
7230 San Sebastian Dr.
Boca Raton, Fl 33433

ARTICLE V INCORPORATOR FILED

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The name and address of the Incorporator techniques of the Incorporation is: of Incorporation is:

TALLAHASSEE, FLORIDA

James R. Wiggins 7230 San Sebastian Dr. Boca Raton, Fl. 33433

corporator

ARTICLE VI

The effective date of incorporation shall be January 1, 1998.

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.