Dorothy M. Goldman 2500 North Federal Highway Suite 102 Fort Lauderdale, Florida 33305 (954) 396-4944

FILED RECRETARY OF STATE OMISION OF CORPORATIONS 97 DEC -8 PM 3:24

P97000103669

December 5, 1997

1990 - N

Division of Corporations Department of State 409 E. Gaines St. Tallahassee, FL 32399 600992365576---8 *****78.75 *****78.75

SUBJECT: ARBORS HEALTH MANAGEMENT, INC.

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for \$78.75 for the filing fee and certificate. Also, enclosed is a Federal Express Airbill to return the paperwork to me.

Please return the photocopy to me with the filing date stamped on it.

Thank you,

Dorothy M. Goldman

Dorothy M. Goldman Registered Agent

Articles of Incorporation

FILED ECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC -8 PM 3:25

1. The name of the corporation shall be:

ARBORS HEALTH MANAGEMENT, INC.

2. The principal place of business and mailing address of the corporation is:

> 2500 North Federal Highway, Suite 102 Fort Lauderdale, Florida 33305

3. The corporation shall have the authority to issue <u>100</u> shares of stock.

4. The registered agent of the corporation is **Dorothy M. Goldman** and the registered street address is 2500 North Federal Highway, Suite 102, Fort Lauderdale, Florida 33305.

5. The initial Board of Directors shall have <u>1</u> member whose name and address is as follows: Edward J. Quinlan **2500 North Federal Highway** Suite 102 Fort Lauderdale, Florida 33305

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. ` The incorporator of this corporation is <u>Dorothy M. Goldman</u> whose street address is 2500 North Federal Highway, Suite 102, Fort Lauderdale, Florida 33305.

Dated 12/5/97

thy M. Goldman <u>_____</u>Incorporator/

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 am familiar with and accept the obligations of my position as registered agent.

Dated 12/5/97

Registered Agent