City	State	Zip	Phone		
Address	lahassee, FL	32301	222-1092		
Requestor's Name 660 East Jefferson Street					
<u>Cl. Corporation System</u>					

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CORPORATION(S) NAME

Wound Manag	ement Center of Jackso	SECRETARIA TO THE SECRETARIA T
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() Foreign	() Dissolution/Withdrawal	() Mark
() Limited Partnership () Reinstatement () Fictitious Name () Certified Copy	() Annual Report () Name Registration () Photo Copies	() Other () Change of R.A. () UCC Filing () CUS
() Call When Ready () Walk In () Mail Out	() Call if Problem () Will Wait	() CUS 98 FEB 10 PM 2: 15 () After 4:30 OF CORPORATION () Pick Up CORPORATION
Name Availability Document Examiner Updater Verifier Acknowledgment W.P. Verifier	Please Return Extra Copies File Stamped. Thank You!!!	RPORATION RPORATION

STATE OF FLORIDA

ARTICLES OF INCORPORATION OF

WOUND MANAGEMENT CENTER OF JACKSONVILLE, INC.

98 FEB 10 PM 3
SECRETARY OF STALLAHASSEE, FLU

FIRST. The corporate name that satisfies the requirements of Section 607.0401 is: Wound Management Center of Jacksonville, Inc.

SECOND: The number of shares the corporation is authorized to issue is One Thousand (1,000).

THIRD: The street address of the initial registered office of the corporation is: 1680 Dunn Ave., Unit 36, Jacksonville, Florida 32218.

FOURTH: The name and address of the sole incorporator is: Jeffrey F. Clark, 1550 Tiburon Blvd., Suite B, Tiburon, CA 94920.

The undersigned has executed these articles of incorporation this 22nd day of January, 1998.

Jeffrey F. Clark, Incorporator

Acceptance by the Registered Agent of Wound Management Center of Jacksonville, Inc.

as required by Section 607.0501

The undersigned, John Maguire, is familiar with and accepts the obligations provided for in Section 607.0505.

Date: January 22, 1998.

John Maguire Individually and as Vice President