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NILESH M. PATEL

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Old Hyde Park
Tampa, Florida 33606

Telephone: 813-258-0035

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March 3, 1998

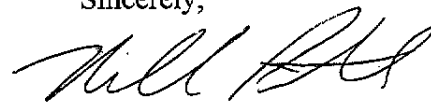
Division of Corporations
Attn: New Filings Section
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

Please find enclosed an original and copy of the Articles of Incorporation for **ST. MARY'S MEDICAL CLINIC, INC.**, which we would request be filed. Also enclosed is a check in the amount of \$122.50. Please file and return the certified copy to the address listed above as soon as possible.

Thank you for your assistance, if you have any questions, please call me at the above number.

Sincerely,



Nilesh M. Patel

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
OF
ST. MARY'S MEDICAL CLINIC, INC.

I, the undersigned subscriber to these Articles of Incorporation, being a natural person competent to contract, hereby subscribe to and form a corporation for profit under the laws of the State of Florida.

ARTICLE I

The name of the corporation is **ST. MARY'S MEDICAL CLINIC, INC.**

ARTICLE II

The principal place of business and mailing address of this corporation shall be 116 Flagship Drive, Lutz, Florida 33549. The Directors may from time to time designate such other address and place for the principal office of the corporation as they deem appropriate.

ARTICLE III

The corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV

The maximum number of shares of the stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares of common capital stock, each share having a par value of one dollar (\$1.00). Authorized common capital stock may be paid for by cash, services, or property at a just value to be fixed by the stockbrokers of the corporation at any regular or special meeting thereof.

ARTICLE V

This corporation shall have a perpetual existence.

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TALLAHASSEE, FLORIDA

ARTICLE VI

The amount of capital with which the corporation shall commence business shall be not less than five hundred dollars (\$500.00).

ARTICLE VII

The directors of this corporation shall be not less than one (1). This number may be increased or diminished from time to time pursuant to the bylaws adopted by the stockholders of the corporation, but shall never be less than one.

ARTICLE VIII

The name and street address of the subscriber of these Articles of Incorporation is as follows:

NILESH M. PATEL
609 W. DeLeon Street
Tampa, Florida 33606

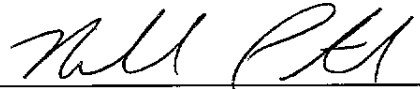
ARTICLE IX

These Articles of Incorporation may be amended in any manner provided by Florida Law. Every amendment hereto shall be proposed by the stockholders and approved at a stockholders meeting by a majority of stock entitled to vote thereon unless all stockholders sign a written agreement manifesting their intention to effect a certain amendment of these Articles of Incorporation.

ARTICLE X

NILESH M. PATEL, 609 West DeLeon Street, Tampa, Florida 33606, is hereby designated REGISTERED AGENT upon whom process may be served.

IN WITNESS WHEREOF, I hereunto set my hand and seal, and acknowledge and file the foregoing Articles of Incorporation of **ST. MARY'S MEDICAL CLINIC, INC.**, under the laws of the State of Florida, this 4th day of March, 1998.



NILESH M. PATEL
Initial Subscriber

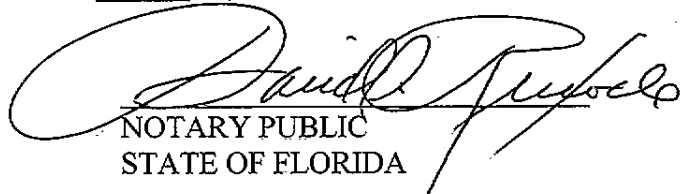
STATE OF FLORIDA)
) SS
COUNTY OF HILLSBOROUGH)

BEFORE ME, personally appeared, NILESH M. PATEL, Initial Subscriber, to me known to be the individual described in and who executed the foregoing Articles of Incorporation, and acknowledged that he executed the same for the purpose expressed therein.

SWORN TO AND SUBSCRIBED before me this 4th day of March, 1998.



DAVID S. REXRODE
MY COMMISSION # CC485426 EXPIRES
November 4, 1999
BONDED THRU TROY FAIR INSURANCE, INC.



NOTARY PUBLIC
STATE OF FLORIDA

My commission expires:


CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS 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: **ST. MARY'S MEDICAL CLINIC, INC.**
2. The name and address of the registered agent and office is:

NILESH M. PATEL
609 West DeLeon Street
Tampa, Florida 33606

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

3-4-98
Date

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TALLAHASSEE, FLORIDA