(000)3612 98 APR 21 PM 1:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Photocopy Will wait Certificate of AMENDMENTS NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Nou S I Wag. Name Reservation Reinstatement Trademark P. Hall Other

CR2E031(1/95)

Examiner's Initials

Articles of Incorporation	FILED
THE UNDERSIGNED, acting as incorporat	or(s) of a corporation, adopt the following articles
of incorporation for such corporation:	TIPLY OF STATE
1. The name of the corporation is	ARNABAS MEDICAL SERVICES ENECEF FLORIDA
2. The period of its duration is perpetual.	ARNABAS MEDICAL SERVICES RETARY OF STATE TALLATIASSEE, FLORIDA
3. The purpose is to engage in any activities	or business permitted under the laws of the United
States and the state ofFLORIDA.	
4. The corporation shall have authority to iss	ue 100 shares, all of one class, \$ 1
par value.	_
5. The address of the corporate office is	
1205 Beach Boulevard, Jack	sonville Beach, Florida .
6. The name and address of its registered age	
Ross C Jenkins, Sr.	· · · · · · · · · · · · · · · · · · ·
7. The number of directors constituting its init and address(es) is (are):	itial Board of Directors is 3, whose name(s)
Name Address Dawn Burney 1205 Beach Bo	ulevard, Jacksonville, Beach, Florida
Ross C Jenkins 14122 Crystal	Cove Drive, Jacksonville, Florida
	Sanaga wasa daya way day
8. The name(s) and address(es) of the incorpo	
-	SA TO
Name Address	R 21 PLED
Same as above members	Est -
Signature(s) of Incorporator(s)	State of Florida Florida
1 Com C John	
13/1-//	County of Duval County
Tosa Comment	
me well known to be the persons described in incorporation, and did freely and voluntarily a made and subscribed the same for the uses an IN WITNESS WHEREOF, I have hereunto s	cknowledge before me according to law that they d purposes therein mentioned and set forth. et my hand and my official seal, at
me well known to be the persons described in incorporation, and did freely and voluntarily a made and subscribed the same for the uses an IN WITNESS WHEREOF, I have hereunto s	and who subscribed the above articles of acknowledge before me according to law that they d purposes therein mentioned and set forth.
me well known to be the persons described in incorporation, and did freely and voluntarily a made and subscribed the same for the uses an IN WITNESS WHEREOF, I have hereunto s	and who subscribed the above articles of acknowledge before me according to law that they d purposes therein mentioned and set forth. et my hand and my official seal, at
me well known to be the persons described in incorporation, and did freely and voluntarily a made and subscribed the same for the uses an IN WITNESS WHEREOF, I have hereunto so in said county and so	and who subscribed the above articles of acknowledge before me according to law that they d purposes therein mentioned and set forth. et my hand and my official seal, at tate this, day of, 1998

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 <u>Barnabas Medical Se</u>	were The
2. The name and address of the registered agent and office is:	
Kose Jake	F 98 API SECRET
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)	R 21 PM
TAX, 7 Cole Ca BLLLY (CITY/STATE/ZIP)	) STATE LORIDA

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) 4/18/98 (DATE)