SUITE B 1120 WEST FIRST STREET SANFORD, FLORIDA 32771

TELEPHONE (407) 321-1224

FAX (407) 321-1467

July 10, 1998

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FLORIDA DEPARTMENT OF STATE Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32312

Re: REGENCY HEALTHCARE, INC.

Gentlemen:

Enclosed please find my trust account check payable to your order in the amount of \$122.50, Articles of Incorporation and copy of same.

Amounts on the enclosed check are broken down as follows:

\$35.00 - Filing fee

\$35.00 - Designating Registered Agent

\$52.50 - Certified copy of Articles of Incorporation

Please file the enclosed Articles and return a certified copy of same to me at your earliest convenience.

Thank you for your assistance.

Very truly yours,

Jamès A. Barks

JAB/pwp Enclosure



The undersigned Incorporators to these Articles of Incorporation hereby associate themselves together to form a Corporation under the Laws of the State of Florida.

ARTICLE I. NAME

The name of the Corporation is: REGENCY HEALTHCARE, INC.

ARTICLE II. COMMENCEMENT AND DURATION

Corporate existence of this Corporation shall commence upon the filing of these Articles of Incorporation by the Department of State of the State of Florida, and this Corporation is to exist perpetually.

ARTICLE III. GENERAL PURPOSE

The general purpose of the business to be transacted by this Corporation is to engage in any and all lawful business permitted under the Laws of the United States and the Laws of the State of Florida, except to do business as a bank, railroad, canal, or telephone or telegraph company.

ARTICLE IV. NUMBER OF SHARES

The maximum number of stock that this Corporation is authorized to issue is: 10,000 shares of common stock with \$1.00 par value per share, said shares shall be of the same class without preference.

ARTICLE V. INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office and registered office of this Corporation is 4106 W. Lake Mary Boulevard, Suite 325, Lake Mary, Florida 32746, and the name of the initial Registered Agent of this Corporation is ASHLEY A. ANSARA, Ph.D.

ARTICLE VI. INITIAL BOARD OF DIRECTORS

This Corporation shall have two (2) Directors initially. The number of Directors may be

either increased or diminished from time to time by the ByLaws but shall never be less than one

(1). The names and addresses of the initial Directors of this Corporation are:

ASHLEY A. ANSARA, Ph.D. 4106 W. Lake Mary Blvd., Ste. 325 Lake Mary, FL 32746 MAHA F. ANSARA, M.D. 4106 W. Lake Mary Blvd., Ste. 325 Lake Mary, FL 32746

ARTICLE VII. INCORPORATORS

The names and addresses of the persons signing these Articles are:

ASHLEY A. ANSARA, Ph.D.	MAHA F. ANSARA, M.D.
4106 W. Lake Mary Blvd., Ste. 325	4106 W. Lake Mary Blvd., Ste. 325
Lake Mary, FL 32746	Lake Mary, FL 32746

ARTICLE VIII. AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment hereto, and any right conferred upon the Shareholders is subject to these reservations.

IN WITNESS WHEREOF, the undersigned subscribers executed these Articles of Incorporation this 10 day of July, 1998.

ANSARA, Ph.D., Incorporator

Chusara M. R.

MAHA F. ANSARA, M.D., Incorporator

Maha

STATE OF FLORIDA

COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this $\frac{10}{10}$ day of July, 1998, by ASHLEY A. ANSARA, Ph.D. and MAHA F. ANSARA, M.D., husband and wife, who \underline{X} are personally known to me **OR** have produced \underline{FL} . \underline{O} . \underline{L} for identification.

Notary Public

Patricia W. Page MY COMMISSION # CC634975 EXPIRES July 30, 2001 BONDED THRU TROY FAIN INSURANCE, INC.

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<u>CERTIFICATE DESIGNATING REGISTERED AGENT AND</u> <u>STREET ADDRESS OF THE OFFICE FOR SERVICE OF PROCESS</u> <u>WITHIN THIS STATE</u>

Pursuant to Florida Statutes, this is to certify that REGENCY HEALTHCARE, INC., a Corporation duly organized and existing under the Laws of the State of Florida, has named ASHLEY A. ANSARA, Ph.D., 4106 W. Lake Mary Boulevard, Ste. 325, Lake Mary, Florida 32746, as its agent to accept service of process within this State and the said address as the office for such service of process.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated Corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and agree to comply with the provisions of the Florida Statutes relative thereto.

1 Registered Agent