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NAME: 7 DOCTORS RECOVERY SERVICE, INC.

AUDIT NUMBER.....H98000014468

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 5

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ARTICLES OF INCORPORATION

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OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCTORS RECOVERY SERVICE, INC.

ARTICLE I  
NAME

The name of the corporation shall be:

DOCTORS RECOVERY SERVICE, INC.

ARTICLE II  
PRINCIPAL PLACE OF BUSINESS

The principal place of business and the mailing address of this corporation shall be:

1901 NW 18th Street, #C1  
Pompano Beach, Florida 33069

ARTICLE III  
DURATION

This Corporation shall have perpetual existence commencing on the date of the filing of these Articles of Incorporation with the Department of State of Florida.

ARTICLE IV  
PURPOSE(S)

This Corporation is organized for the purposes of transacting any and all lawful business.

ARTICLE V  
CAPITAL STOCK

This Corporation is authorized to issue 1,000 shares of \$1.00 par value common stock

ARTICLE VI  
QUORUM FOR STOCKHOLDERS MEETINGS

Unless otherwise provided for in the Corporation's Bylaws, a

PREPARED BY: Tim A. Shane, P.A.  
4800 N. Federal Highway, #201B  
Boca Raton, FL 33431  
(561) 362-5551  
Bar No. 368431

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majority of the shares entitled to vote, represented in person or by proxy, shall be required to constitute a quorum at a meeting of shareholders.

**ARTICLE VII  
LIMITATION OF CORPORATE POWERS**

The corporate powers of this corporation are as provided in section 617.0302, Florida statutes, unless limited as follows:

No limitations

**ARTICLE VIII**

The name and street address of the initial registered agent is:

Robert Trafford  
1901 NW 18th Street, #C1  
Pompano Beach, Florida 33069

**ARTICLE IX  
INCORPORATORS**

The name(s) and street address(es) of the incorporator(s) for these articles of incorporation is (are):

Robert Trafford  
1901 NW 18th Street, #C1  
Pompano Beach, Florida 33069

**ARTICLE X  
INITIAL BOARD OF DIRECTORS**

This Corporation shall have one director initially. The number of directors may be either increased or diminished from time to time in the manner provided in the Bylaws, but shall never be less than One. The name and address of the initial Director of the corporation is as follows:

Robert Trafford  
1901 NW 18th Street, #C1  
Pompano Beach, Florida 33069

**ARTICLE XI  
INDEMNIFICATION**

The Corporation shall indemnify its officers, directors and authorized agents for all liabilities incurred directly, indirectly or incidentally to services performed for the

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Corporation, to the fullest extent permitted under Florida law existing now or hereinafter enacted.

**ARTICLE XII  
LIMITATIONS ON SHAREHOLDERS SUITS**

Shareholders shall not have a cause of action against the Company's officers, Directors or agents as a result of any action taken, or as a result of their failure to take any action, unless deprivation of such right is deemed a nullity because, in the specific case, deprivation of a right of action would be impermissible in conflict with the public policy of the State of Florida. The fact that this Article shall be inapplicable in certain circumstances and the Courts of the State of Florida are hereby granted the specific authority to restructure this Article, on a case by case basis or generally, as required to most fully give legal effect to its intent.

The undersigned incorporator(s) has(have) executed these articles of incorporation this 27 day of JULY, 1996.

Signature(s) of the incorporator(s)

[Handwritten Signature]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROBERT TRAFFORD

Typed Name of Incorporator

Typed Name of Incorporator

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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: Doctors Recovery Service, Inc.
2. The name and address of the registered agent and office is:

Robert Trafford  
1901 NW 18th Street, #C1  
Pompano Beach, Florida 33069

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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: [Handwritten Signature]  
DATE: 7.28.98

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