CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 22 PM 1:45

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Millennium Center
Management, Inc

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DIVISION OF CORPORATION

Signature

Requested by: CG 9/22 10:20
Name Date Time

Walk-In _____ Will Pick Up _____

- ✓ Art of Inc. File
- ____ LTD Partnership File
- ____ Foreign Corp. File
- ____ L.C. File
- ____ Fictitious Name File
- ____ Trade/Service Mark
- ____ Merger File
- ____ Art. of Amend. File
- ____ RA Resignation
- ____ Dissolution / Withdrawal
- ✓ Annual Report / Reinstatement
- ✓ Cert. Copy
- ____ Photo Copy
- ____ Certificate of Good Standing
- ____ Certificate of Status
- ____ Certificate of Fictitious Name
- ____ Corp Record Search
- ____ Officer Search
- ____ Fictitious Search
- ____ Fictitious Owner Search
- ____ Vehicle Search
- ____ Driving Record
- ____ UCC 1 or 3 File
- ____ UCC 11 Search
- ____ UCC 11 Retrieval
- ____ Courier R. Pirintun SEP 22 1998

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ARTICLES OF INCORPORATION

OF

MILLENNIUM CENTER MANAGEMENT, INC.

In compliance with the requirements of Fla.Stat. Chapter 607, the undersigned, being a natural person, does hereby act as an incorporator in adopting and filing the following articles of incorporation for the purpose of organizing a business corporation.

ARTICLE I

The name of the corporation is:

MILLENNIUM CENTER MANAGEMENT, INC.

ARTICLE II

The existence of this Corporation shall begin on the date of filing hereof.

ARTICLE III

The nature of business to be transacted by this corporation is the acquisition, ownership and management of commercial property, including medical office space, together with any and all lawful business pursuant to the laws of the State of Florida.

ARTICLE IV

The street address of the initial principal office of the Corporation is 7019 NW 11th Place, Gainesville, Florida 32605.

ARTICLE V

The maximum number of shares this Corporation is authorized to issue is *10,000* shares.

ARTICLE VI

The initial street address of the Corporation's registered office is 7019 NW 11th Place, Gainesville, Florida 32605. The name of the initial Registered Agent for the Corporation at that address is *LARRY N. SMITH, M.D.*

ARTICLE VII

The name and address of the person signing these Articles of Incorporation is:

LARRY N. SMITH, M.D.
7019 NW 11th Place
Gainesville, FL 32605

IN WITNESS WHEREOF, I, the undersigned subscribing incorporator have set my hand and seal this 17th day of September, 1998, for the purpose of forming this corporation under the laws of the State of Florida, and I hereby make, subscribe, acknowledge and file in the office of the Secretary of State of the State of Florida, these Articles of Incorporation, and certify that the facts herein stated are true.

WITNESSES:

_____ (SEAL)
LARRY N. SMITH, M.D.
Subscribing Incorporator

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing Articles of Incorporation were acknowledged before me this 17TH day of September, 1998, by LARRY N. SMITH, M.D., who is personally known to me.

(Type name) FAYE O. HALL
Notary Public - State of Florida
Commission Number:

Faye O. Hall
Notary Public, State of Florida
Commission No. CC 386525
My Commission Expires 08/19/98
1-800-3-NOTARY - Fla. Notary Service & Bonding Co.

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLA.STAT., 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: *MILLENNIUM CENTER MANAGEMENT, INC.*

2. The name and address of the registered agent and office is:

LARRY N. SMITH, M.D.
7019 NW 11th Place
Gainesville, Florida 32605

ACCEPTANCE BY REGISTERED AGENT

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.

ADDRESS:

7019 NW 11th Place
Gainesville, FL 32605

LARRY N. SMITH, M.D. Date
Registered Agent

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing was acknowledged before me this 17TH day of September, 1998, by LARRY N. SMITH, M.D., who is personally known to me and who did not take an oath.

(Type name) FAYE O. HALL
Notary Public - State of Florida
Commission Number:

Faye O. Hall
Notary Public, State of Florida
Commission No. CC 386525
My Commission Expires 08/19/98
1-800-3-NOTARY - Fla. Notary Service & Bonding Co.