DAMM	Charter Number Only
Julian M. Chiara Javan M. Chiara Julian M. Chi	A T I O N O N L Y
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305	5)551-25777	900002675389—-8 -10/29/9801008007 ******78.75 ******78.75		
CORPORA	ATION(S) NAME			
SUNSHINE	MEDICAL MANAG	EMENT CORP.		
		98 OCT 29 SECRE FARY TAILLAHASSE	7	
Profit S	() Amendment	Of STATE 33	P:Toll Free:	
() Foreign () Limited Partnership () Reinstatement	() Dissolution () Annual Report () Reservation	() Mark () Other () Change of Registered Agent	: 1-800-432-3028	
() Certified Copy () Call When Ready	() Photo Copies () Call If Problem	() Certificate Under Seal () After 4:30		
Name Availability Document	Will Walt Pick U		- ,	

CERTIFIED COPY 5288

CR2E031 (R8-85)

orifier

W.P. Verifier

ARTICLES OF INCORPORATION OF

SUNSHINE MEDICAL MANAGEMENT CORP.

ARTICLE I - Name

The name of the corporation is:

SUNSHINE MEDICAL MANAGEMENT CORP.

ARTICLE II - Nature of Business

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

ARTICLE III - Capital Stock

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is Seven Thousand Five Hundred (7,500) shares of common stock, each share having a par value of One Dollar (\$1.00).

Authorized capital stock may be paid for in cash, services, or property, at a just to be fixed by the Board of Directors of this corporation at any regular or special meeting.

ARTICLE IV - Term of Existence

This corporation shall have perpetual existence.

ARTICLE V - Initial Registered Office Agent

The street address of this initial registered office of this corporation is 21311 N.W. 2nd Avenue, North Miami, FL 33169 and the name of the initial registered agent of this corporation at that address is ILIANA ROOUE.

98 OCT 29 AM II: 33
SECRETARY OF STATE
TALLAHASSEE FLORION

ARTICLE VI - Initial Board of Directors

Single triple

This corporation shall have one director 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.

The name and address of the initial director of this corporation is: ILIANA ROQUE, 21311 N.W. 2nd Avenue, North Miami, Florida 33169.

ARTICLE VII - Initial Officers

The names and addresses of the officers are as follows:

PRESIDENT: ILIANA ROQUE

21311 N.W. 2nd Avenue North Miami, FL 33169

TREASURER: ILIANA ROQUE

21311 N.W. 2nd Avenue North Miami, FL 33169

SECRETARY: ILIANA ROQUE

21311 N.W. 2nd Avenue

North Miami, Florida 33169

ARTICLE VIII - Incorporator

The name and address of the person signing these articles is: ILIANA ROQUE, 21311 N.W. 2nd Avenue, North Miami, FL 33169.

ARTICLE IX - Distribution

The name and address of the subscriber of this Articles of Incorporation, and the number of shares of stock which agrees to take and the sums subscribed to and paid are as follows:

NAME	ADDRESS	SHARE
ILIANA ROQUE	21311 N.W. 2nd Avenue North Miami, FL 33169	500

ARTICLE X - Effective Date

These Articles of Incorporation shall be effective immediately upon approval of the Secretary of State, State of Florida.

ARTICLE XI - Amendment

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a stockholder's meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles of Incorporation this 26th day of October, 1998.

TI.TANA ROOME

STATE OF FLORIDA)
SS
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this day of October, 1998 by ILIANA ROQUE, who is personally known to me, or who have produced the following type of identification because who did did not

take an oath.

My Commission Expires:

OFFICIAL NOTARY SEAL
DINORAH CALLEJAS
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC704109
MY COMMISSION EXP. JAN. 9,2002

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FOLLOWING IS SUBMITTED:
FIRSTTHAT SUNSHINE MEDICAL MANAGEMENT CORP. (NAME OF CORPORATION)
DESIRING TO ORGANIZED OR QUALIFY UNDER THE LAWS OF OF THE STATE OF FLORIDA
WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF North Miami (CITY)
STATE OF, HAS NAMED, (CIII), (CIIII), (CIII), (C
LOCATED AT 21311 N.W. 2nd Avenue (STREET ADDRESS AND NUMBER OF BUILDING) POST OFFICE BOX ADDRESSES ARE NOT ACCEPTABLE
CITY OF North Miami, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT
SERVICE OF PROCESS WITHIN FLORIDA.
SIGNATURE LILIANA ROQUE
TITLE President
DATEOctober 26, 1998
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 I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.
SIGNATURE ILIANA ROQUE (RESIDENE AGENT)
DATE October 28, 1998