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Corporations division:

Please file the enclosed articles of incorporation and certificate of designation of registered agent/office

Enclosed is:

~An original Articles of Incorporation

~One copy of the Articles of Incorporation

~An original Certificate of Designation of Registered Agent/Office

~A check in the amount of \$78.75

Please provide a *certificate* on incorporation

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500002749665--7

-01/21/99-01067-010

\*\*\*\*\*78.75 \*\*\*\*\*78.75

Corporate Name: Healthcare Education Resources Inc

Incorporators name: Kathleen M. Lezon  
Address: 218 SW Cherry Hill Rd Port St Lucie FL 34953  
Phone: (561) 551-3632

Please send responses or receipts concerning this filing to the above address.  
Thank you very much

Date: 1/18/99

Signature of Incorporator:

*Kathleen M. Lezon*

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TALLAHASSEE, FLORIDA

P. Hall

JAN 26 1999

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ARTICLES OF INCORPORATION OF  
HEALTHCARE EDUCATION RESOURCES INC

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Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of Incorporation for the purpose of forming a for profit corporation

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Article 1: The Name of the Corporation is:  
Healthcare Education Resources Inc

Article 2: The principal place of business and mailing address of this corporation is:  
2589 South Federal Highway, Suite 301, Fort Pierce FL 34982

Article 3: The corporation is authorized to issue one class of stock, that being 1,000 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

Article 4: The name and address of the corporation's initial registered agent is:  
Kathleen M. Lezon, 218 SW Cherry Hill Rd, Port St Lucie FL, 34953

Article 5: The name and street address of the incorporator of this corporation is:  
Kathleen M. Lezon, 218 SW Cherry Hill Rd Port St Lucie FL 34953

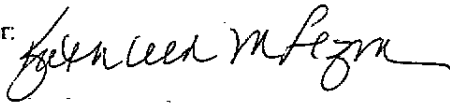
Article 6: No Director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self dealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned incorporator has executed these Articles of incorporation on the date below:

Date: 1/18/99

Name of Incorporator: Kathleen M. Lezon

Signature of Incorporator:



CERTIFICATE OF DESIGNATION  
OF  
REGISTERED OFFICE AND REGISTERED AGENT

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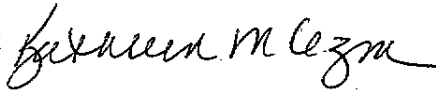
Pursuant to section 607.0501 of the Florida Business Corporation Act, the Undersigned Corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

1. The name and address of the corporation's registered agent and registered office is:

Kathleen M. Lezon  
218 SW Cherry Hill Rd  
Port St Lucie FL 34953

Having been named as the 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 of registered agent:



Date of signature

1/18/99