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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Healthcare Compliance Associates Inc.

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NEW FILINGS	
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AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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99 JAN 26 PM 4:20
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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T. SMITH JAN 26 1999

ARTICLES OF INCORPORATION
OF
HEALTHCARE COMPLIANCE ASSOCIATES, INC.

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99 JAN 26 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a corporation for profit under the laws of the State of Florida, hereby adopt the following Articles of Incorporation:

ARTICLE I
NAME

The name of this corporation is: **HEALTHCARE COMPLIANCE ASSOCIATES, INC.**

ARTICLE II
DURATION

This Corporation shall have perpetual existence unless dissolved pursuant to law and shall commence business as of the date of filing of these Articles of Incorporation.

ARTICLE III
PURPOSE

This Corporation may engage in any activity of business permitted under the laws of the State of Florida, its primary purpose is: medical compliance consulting service.

ARTICLE IV
CAPITAL STOCK

This Corporation is authorized to issue 100 shares of \$1.00 par value common stock.

ARTICLE V
PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which they already hold, shall have the right to purchase their pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ARTICLE VI
PRINCIPAL PLACE OF BUSINESS**

The principal place of business of this corporation is: 200 Leslie Drive, Apt. 528, Hallandale, Florida 33009.

**ARTICLE VII
INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this corporation is: 200 Leslie Drive, Apt. 528, Hallandale, Florida 33009, and the name of the initial registered agent of this corporation at that address is **Robin Supler**.

**ARTICLE VIII
INITIAL BOARD OF DIRECTORS**

This corporation shall have one director initially. The number of directors may be either increased or decreased from time to time by the By-Laws but shall never be less than one. The name and address of the initial director is: **Robin Supler**, 200 Leslie Drive, Apt. 528, Hallandale, Florida 33009.

**ARTICLE IX
INCORPORATOR**

The name and address of the person signing these Articles is: **Robin Supler**.

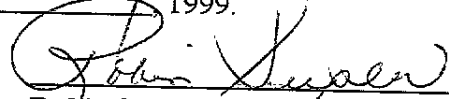
**ARTICLE X
BY-LAWS**

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors and the Shareholders.

**ARTICLE XI
AMENDMENTS**

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation or any Amendment hereto and any right conferred upon the Stockholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has hereunto executed these Articles of Incorporation, this 25 day of January 1999.

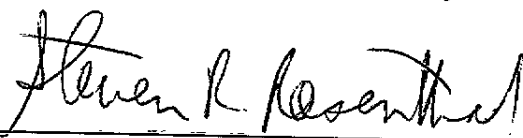


Robin Supler

STATE OF FLORIDA)
)SS.
COUNTY OF BROWARD)

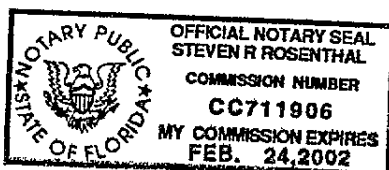
BEFORE ME, the undersigned authority, personally appeared **Robin Supler**, who, after being first duly sworn, deposes and states that she signed the foregoing Articles of Incorporation for the purposes therein expressed. **Robin Supler** is personally known to me or produced FLA- DRIVER'S LICENSE as identification.

WITNESS my hand and official seal at the State and County aforesaid, this 25 day of January, 1999.

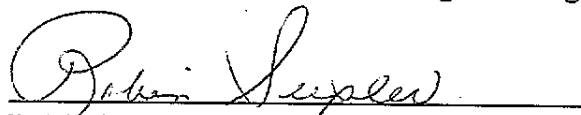


Notary Public, State of Florida
Print Name: STEVEN R. ROSENTHAL

My Commission Expires:



I hereby am familiar with and accept the duties and responsibilities as Registered Agent for
said Corporation.

A handwritten signature in cursive script, appearing to read "Robin Supler", is written over a horizontal line.

Robin Supler

Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA