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To:

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Fax Number : (850)922-4001

From:

Account Name : CONERLY & HELMICH, P.L.L.C.
Account Number : I1999000084
Phone : (850)837-5118
Fax Number : (850)837-5187

FLORIDA PROFIT CORPORATION OR P.A.

Clark & Conrad Family Medicine, P.A.

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

CLARK & CONRAD FAMILY MEDICINE, P.A.

ARTICLE I

NAME

The name of this Corporation is CLARK & CONRAD FAMILY MEDICINE, P.A.

ARTICLE II

DURATION

This Corporation shall have perpetual existence.

ARTICLE III

PURPOSE

This Corporation is organized for the purpose of conducting a medical practice and all associated activities.

ARTICLE IV

CAPITAL STOCK

The Corporation is authorized to issue 7,500 shares of \$1.00 par value common stock, which shall be designated "common shares".

ARTICLE V

PRE-EMPTIVE RIGHTS

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

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is 12815 Highway 98 West, Suite

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Prepared by: Lamar Conerly, Jr., Esq.
P.O. Box 5499
Destin, Florida 32541
(850) 650-4747

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116, Destin, Florida 34541, and the initial registered agent of this Corporation at that address is Patrick Conrad, M.D.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

This Corporation shall have at least two directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one. The name and address of the initial directors of this Corporation are:

Patrick Conrad, M.D.
1016 Darlington Oak Drive
Niceville, FL 32578

Lisa Clark, M.D.
22 Country Club Drive East
Destin, FL 32541

ARTICLE VIII

PRINCIPAL OFFICE

The principal office and mailing address of this Corporation is:

12815 Highway 98 West, Suite 116
Destin, FL 32541

ARTICLE IX

INCORPORATOR

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

Patrick Conrad, M.D.
12815 Highway 98 West, Suite 116
Destin, FL 32541

ARTICLE X

INDEMNIFICATION

The Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

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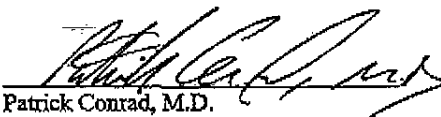
ARTICLE XI

ACTION BY DIRECTORS OR SHAREHOLDERS WITHOUT A MEETING

The directors or shareholders of this Corporation may take action by written consent as provided by law.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this the

4th day of August, 1999.


Patrick Conrad, M.D.

STATE OF FLORIDA
COUNTY OF OKALOOSA

BEFORE ME, the undersigned authority authorized in the State and County aforesaid to take acknowledgments personally appeared Patrick Conrad, M.D., who is either personally known or who has produced _____ as identification, and who did take an oath, and who is the person who executed the foregoing Articles of Incorporation and acknowledged before me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this the 4th day of August, 1999.

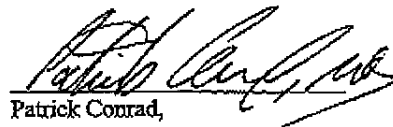


Coleen M. Kramer
My Commission CC805388
Expires January 31, 2003


Notary

ACCEPTANCE

I hereby am familiar with and accept the duties and responsibilities as registered agent for CLARK & CONRAD FAMILY MEDICINE, P.A.


Patrick Conrad,
Registered Agent


STATE OF FLORIDA
COUNTY OF OKALOOSA

BEFORE ME, the undersigned authority authorized in the State and County aforesaid to take acknowledgments personally appeared Patrick Conrad, M.D., who is either personally known or who has produced _____ as identification, and who did take an oath, and who is the person who executed the foregoing Acceptance and acknowledged before me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this the 4th day of August, 1999.



Coleen M. Kramer
My Commission CC805388
Expires January 31, 2003


Notary

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