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FILED

99 SEP 27 PM 3: 52

September 24, 1999

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Julio C. Sotolongo, M.D.
5036 Jetsail Drive
Orlando, Florida 32812
(407) 384-7825 or
(407) 246-2242

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

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*****78.75 *****78.75

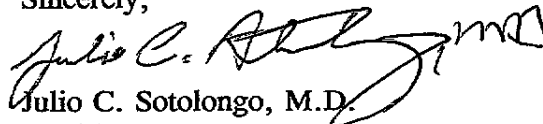
**SUBJECT: Julio C. Sotolongo, M.D., P.A.
New Professional Association**

Dear Sir/Madam:

Enclosed please find an original and one copy of the Articles of Incorporation, along with a check in the amount of \$78.75 to cover the new filing fee, as well as a certified copy.

Thank you for your attention to this matter.

Sincerely,


Julio C. Sotolongo, M.D.
President

PH 5/30/99

ARTICLES OF INCORPORATION FILED
OF
JULIO C. SOTOLONGO, M.D., P.A. 99 SEP 27 PM 3: 52
PROFESSIONAL ASSOCIATION SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a professional association under the Florida Professional Service Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - Name

The name of the Professional Association shall be:

JULIO C. SOTOLONGO, M.D., P.A.

ARTICLE II - PURPOSE

The Professional Association is formed for the specific purpose of the practice of medicine.

ARTICLE III - Principal Office

The address of the principal office and the mailing address of this Professional Association shall be: 5036 Jetsail Drive, Orlando, Florida 32812

ARTICLE IV - Shares of Stock

The number of shares of stock that this Professional Association is authorized to have outstanding at any one time is 1,000 shares of common stock.

ARTICLE V - Initial Registered Agent and Street Address

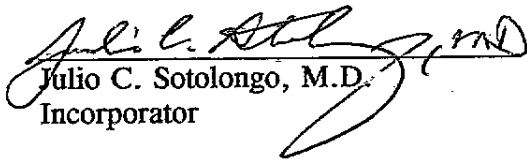
The name and Florida street address of the initial registered agent is:

Julio C. Sotolongo, M.D.
5036 Jetsail Drive
Orlando, Florida 32812

ARTICLE VI - Incorporator

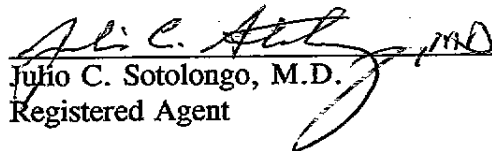
The name and address of the incorporator to these Articles of Incorporation is:

Julio C. Sotolongo, M.D. - President
5036 Jetsail Drive
Orlando, Florida 32812


Julio C. Sotolongo, M.D.
Incorporator

9/24/99
Date

Having been named as registered agent and to accept service of process for the above stated Professional Association 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 the registered agent of:
JULIO C. SOTOLONGO, M. D., P.A..


Julio C. Sotolongo, M.D.
Registered Agent

9/24/99
Date

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TALLAHASSEE, FLORIDA