P990TRASMITTALLETED 822

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

000003064230--008 -12/08/99--01041--008 *****78.75 ******78.75

SUBJECT: Physician Compliance Associates, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an	original and one	(1)	copy of the articl	es of incor	poration and	a check for
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□ \$70.00

XX \$78.75

Filing Fee

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& Certificate of Status

⊠\$78.75

□ \$87.50

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Filing Fee,

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Joseph McCloskey

Name (Printed or typed)

7500 Southwest 174th Street

Address

Miami, Florida 33157

City, State & Zip

(305) 253-6326

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Physician Complience Associates, Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be:

7500 Southwest 174th Street Miami, FL 33157

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Thousand (1,000)

INITIAL REGISTERED AGENT AND STREET ARTICLE IV

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

Jennifer McCloskey

7500 Southwest 174th Street] Miami, Florida 33157

INCORPORATOR ARTICLE V

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

Joesph McCloskey 7500 Southwest 174th Miami, Florida 33157

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as 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/Registered Agent

99 DEC -8 AM 9:16