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TRANSMITTAL LETTER

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

300003396563--D  
-09/18/00--01106--021  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

September 7, 2000

SUBJECT: COSTA CLINICAL CONSULTING, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check in the amount of \$78.75.

FROM: Smitty Smith & Associates, Inc.  
Ms. Smitty Smith  
3802 Ehrlich Road, Suite 210  
Tampa, Florida 33624

FILED  
00 SEP 18 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SLS/lac

Enclosure

9-20  
HAC

**ARTICLES OF INCORPORATION**

**OF**

**COSTA CLINICAL CONSULTING, INC.**

FILED  
00 SEP 18 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

*ARTICLE I NAME*

The name of the corporation shall be:

**COSTA CLINICAL CONSULTING, INC.**

*ARTICLE II PRINCIPAL OFFICE*

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

**6809 WILSHIRE COURT  
TAMPA, FLORIDA 33615**

*ARTICLE III CAPITAL STOCK*

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

**1,000 SHARES**

*ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS*

The name and address of the initial registered agent is:

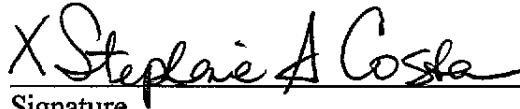
Ms. Smitty Smith  
3802 Ehrlich Road, Suite 210  
Tampa, Florida 33624

*ARTICLE V INCORPORATOR(S)*

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

**STEPHANIE A. COSTA  
6809 WILSHIRE COURT  
TAMPA, FLORIDA 33615**

The undersigned has (have) executed these Articles of Incorporation this **Seventh** day of **September, 2000**.

X 

Signature

**STEPHANIE A. COSTA**

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Corporation is:

**COSTA CLINICAL CONSULTING, INC.**

2. The name and address of the registered agent and office is:

**MS. SMITTY SMITH  
3802 EHRLICH ROAD, SUITE 210  
TAMPA, FLORIDA 33624**

Signature

*Stephanie A Costa*

Title: **STEPHANIE A. COSTA**

Date: **09/07/2000**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THE 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

*[Signature]*

Date: **09/07/2000**

REGISTERED AGENT FILING FEE: \$35.00

FILED  
00 SEP 18 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA