TRANSMITTAL LETTER

ANSMITTAL LETTER)00094/39 AREA COLUMNIA COLUMNI

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

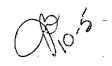
SUBJECT: E	mergi Care Cl	inic Inc.	AUDE SUFFIX)
	V .		30000341 -10/04/08 ******78
Enclosed is an origin	nal and one(1) copy of the arti		,
\$70.00 Filing Fee	\$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,

Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

1500 SW 83nd Ave Okee Chobee, FL 34974 City, State & Zip 863-357- 1599

Daytime Telephone number

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



- ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE'I NAME The name of the corporation shall be: Emergi Care Clinic, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 202 N.E. 2nd Street, Suite#1 OKeechobee, FL 34972	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Walk in Medical Clinic	
ARTICLE IV SHARES The number of shares of stock is: $T\omega o$	
ARTICLE V INITIAL OFFICERS DIRECTORS (options The name(s) and address(es): CAROL Schmitt 202 NE. 2nd Street, Suite #1 Okeechobee, FL 34972	<u>d)</u>
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: CARO! Schmitt 202 N.E. 2nd Street, Suite #1 Okechobee, FL 34972	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: (AROI Schmiff 202 N.E. 2nd Street Suite#/ OKeechobee FL 34972	
Having been named as registered agent to accept service of process for the above se certificate, I am familiar with and accept the appointment as registered agent and a	
Signature/Registered Agent and Schmitt	Date 10-2 - 00
Signature/Incorporator	Date