

**N02000000003**

**CAREY, O'MALLEY, WHITAKER & MANSON, P.A.**

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December 19, 2001

**FILED**  
01 DEC 27 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
TELEPHONE: (813) 250-0577  
FACSIMILE: (813) 250-9898

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

300004740943--5  
-12/27/01--01030--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Re: Global Medical Alliance, Inc.

To Whom It May Concern:

Enclosed are two originals of Articles of Incorporation for the above-named not for profit corporation. Please file one original and certify and return one original to me.

Also enclosed is our firm check in the amount of \$78.75, to cover the following costs:

1.	Filing fee	\$35.00
2.	Designation of Registered Agent	35.00
3.	Certified copy of Charter	<u>8.75</u>
	<b>Total</b>	<b>\$78.75</b>

Thank you. If you have any questions, please give me a call.

Sincerely,

CAREY, O'MALLEY, WHITAKER & MANSON, P.A.

*Nancy Barnes*

Nancy Barnes, Paralegal

NRB/trh  
Enclosures

cc: Global Medical Alliance, Inc.

22\CV\GlobalMed-SOS

J. BRYAN DEC 31 2001

**ARTICLES OF INCORPORATION  
OF  
GLOBAL MEDICAL ALLIANCE, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned hereby organizes a corporation not for profit under the provisions of the Florida Business Corporation Act, and pursuant to the following Articles of Incorporation.

**ARTICLE 1**

**Name**

The name of this not for profit corporation is Global Medial Alliance, Inc.

**ARTICLE 2**

**Mailing Address**

The mailing address of this corporation is 8910 North Dale Mabry Highway, Suite 29-B, Tampa, Florida 33614.

**ARTICLE 3**

**Purpose**

The purpose of this corporation is to engage in all lawful activities permitted under Florida law.

**ARTICLE 4**

**Qualifications for Members**

The qualifications required for membership and the manner of admission of members shall be as stated and regulated by the Bylaw of the corporation.

**ARTICLE 5**

**Initial Registered Office and Agent**

The street address of the initial registered office of this corporation is 8910 North Dale Mabry Highway, Suite 29-B, Tampa, Florida 33614, and the name of the initial registered agent of this corporation at that address is Ronald R. Cox.

**ARTICLE 6**

**Incorporator**

The name and address of the person signing these Articles as incorporator are:

Ronald R. Cox	8910 North Dale Mabry Highway, Suite 29-B Tampa, Florida 33614
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ARTICLE 7  
Initial Board of Directors

This corporation shall have three (3) directors initially. The number of directors may be either increased or diminished from time to time by the Bylaws, but shall never be less than three (3). The names and addresses of the initial directors of this corporation are:

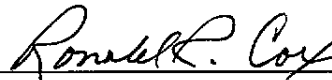
Ronald R. Cox	Ste. 29-B	Alton Hegarty	Ste. 29-B	Rick Miller	Ste. 29-B
8910 N. Dale Mabry Hwy,		8910 N. Dale Mabry Hwy.		8910 N. Dale Mabry Hwy.	
Tampa, FL 33614		Tampa, FL 33614		Tampa, FL 33614	

The method of election of directors, as well as the rights and duties of the directors, will be as stated in the Bylaws.

ARTICLE 8  
Indemnification

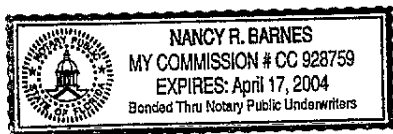
The corporation may enter into indemnification agreements and adopt Bylaw provisions for indemnification of any officer or director, or any former officer or director, or may provide, at the corporation's election, for indemnification of any officer or director, or any former officer or director, without agreement or Bylaw provisions to the full extent permitted by law. The corporation shall not be subject to court-ordered indemnification pursuant to Section 607.0850(9), Florida Statutes.

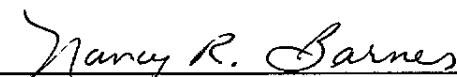
IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation, this 20<sup>th</sup> day of December, 2001.

  
\_\_\_\_\_  
Ronald R. Cox

STATE OF FLORIDA                     )  
                                                  )  
COUNTY OF HILLSBOROUGH       )       SS.


The foregoing instrument was acknowledged before me this 20<sup>th</sup> day of December, 2001 by Ronald R. Cox who is personally known to me or who has produced \_\_\_\_\_ as identification and did/did not take an oath.



  
\_\_\_\_\_  
Name typed/printed  
Notary Public, State of Florida  
Commission No. and Notary Seal

**Acceptance of Registered Agent**

Having been named as registered agent to accept service of process for the above-stated corporation at the place designated in this certificate, I hereby accept the appointment of 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.

  
\_\_\_\_\_  
Ronald R. Cox  
8910 North Dale Mabry Highway  
Suite 29-B  
Tampa, Florida 33614

22/CAL-Global Medical

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