

P000000016112

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

SUBJECT: DANIEL GIBSON HEALTHCARE MANAGEMENT CONSULTING, INC.

Enclosed please find an original and one (1) copy of the Articles of Incorporation for the above corporation and check in the amount of \$78.75.

FROM: DANIEL GIBSON
255 WAVECREST AVENUE NE
PALM BAY, FL 32907

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

FILED
2000 FEB -9 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. Howell FEB 15 2000

FILED
2000 FEB -9 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
DANIEL GIBSON HEALTHCARE MANAGEMENT CONSULTING, INC.

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

ARTICLE 1 - NAME

The name of the corporation shall be DANIEL GIBSON HEALTHCARE MANAGEMENT CONSULTING, INC.

ARTICLE 11 - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be Post Office Box 100142, Palm Bay, Florida 32910-0142.

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding is one thousand (1,000) shares.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Daniel Gibson, whose address is 255 Wavecrest Avenue NE, Palm Bay, Florida 32907.

ARTICLE V - INCORPORATORS

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

DANIEL GIBSON 255 Wavecrest Avenue NE
Palm Bay, FL 32907

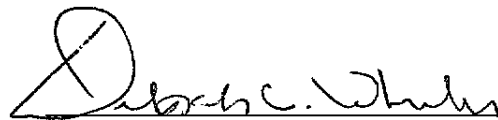
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 7th day of February 2000.


DANIEL GIBSON

STATE OF FLORIDA
COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, a Notary Public authorized to take acknowledgments in the State of Florida, the County named above, personally appeared DANIEL GIBSON, to me known to be the person described as subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

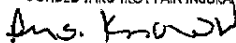
WITNESS my hand and official seal in the County and State named above this 7th day of February, 2000.


NOTARY PUBLIC
STATE OF FLORIDA

MY COMMISSION EXPIRES:



Deborah C. Wheeler
MY COMMISSION # CC672064 EXPIRES
December 10, 2001
BONDED THRU TROY FAIN INSURANCE, INC.



FILED

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CERTIFICATE OF DESIGNATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 DANIEL GIBSON HEALTHCARE MANAGEMENT CONSULTING, INC.

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

DANIEL GIBSON

255 WAVECREST AVENUE NE

PALM BAY, FLORIDA 32907

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 Daniel D. Gibson

DATE February 7, 2000