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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

FLORIDA PROFIT CORPORATION OR P.A.

health providers marketing consultants, inc.

Certificate of Status	0
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**ARTICLES OF INCORPORATION
OF
HEALTH PROVIDERS MARKETING
CONSULTANTS, INC.**

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

ARTICLE I NAME

The name of the corporation shall be:

Health Providers Marketing Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*10410 NE Miami Drive
#103
North Miami Beach, FL 33162*

ARTICLE III SHARES

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

100 shares at \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Susan E. Cowan
10410 NE Miami Drive
#103
North Miami Beach, FL 33162*

Notified & Acknowledged, P.A.
3685 N. Bayshore Drive, Suite 400
Coral Gables, FL 33135
(305) 442-2822, Fax (305) 442-2824

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ARTICLE V INCORPORATOR(S)

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

Susan E. Cowan
10410 NE Miami Drive
#103
North Miami Beach, FL 33162

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd Day of April, 2000

Susan E. Cowan

Signature

Signature

Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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:

Health Providers Marketing Consultants, Inc.

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

Susan E. Cowan
10410 NE Miami Drive
#103
North Miami Beach, FL 33162

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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 a registered agent.

Susan E. Cowan

Signature

4/14/00

Date

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