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**EAST & WEST MEDICAL GROUP, INC.**

Telephone (713) 771-4004  
Fax (713) 771-4144

6388 SILVER STAR ROAD  
SUITE 1E  
ORLANDO, FLORIDA 32818

April 21, 2000

Department of State  
Division of Incorporation  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: ARTICLE OF INCORPORATION

Dear Sir:

Please process the above subject accordingly, and mail original  
certificate to:

Joe O. Ogbebor  
East & West Medical Group, Inc.  
9000 West Bellfort Avenue  
Suite 500  
Houston, TX 77031-2411

900003221909--0  
-04/24/00--01171--011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

A check for \$70.00 is enclosed for registration and processing fee.  
Please call me directly if you have any question.

Sincerely,



Joe O. Ogbebor, MPA  
Administrator

Encls.

FILED  
00 APR 24 AM 7:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

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

### **ARTICLE I NAME**

The name of the corporation shall be:

EAST & WEST MEDICAL GROUP, INC.

### **ARTICLE II PRINCIPAL OFFICE**

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

6388 SILVER STAR ROAD, SUITE 1E, ORLANDO FLORIDA 32818

### **ARTICLE III SHARES**

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

The aggregate number of authorized shares is:

10,000 no par value common stock

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

JOE O. OGBEBOR  
6388 SILVER STAR ROAD, SUITE 1E, ORLANDO FLORIDA 32818

### **ARTICLE V INCORPORATOR**

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

JOE O. OGBEBOR  
8102 ASHLEY CIRCLE DRIVE N.  
HOUSTON, TEXAS 77071-3600

  
Signature/Incorporator

04/21/00

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

04/21/00  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 APR 21, AM 7:48

FILED