

P00000084431  
TRANSMITTAL LETTER

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

SUBJECT: WTS AND EDIS HEALTH CARE ASSOCIATES, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800003380468--5  
-09/01/00--01078--004  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: WILLIAM T. SEED  
Name (Printed or typed)

56 EAST 76TH Street  
Address

New York, NY 10021  
City, State & Zip

212 249 5544  
Daytime Telephone number

00 SEP - 1 AM 11:03  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

gje 9/7

**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:

WTS and ED'S  
Health Care Associates Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

728 Grove Place  
Town of Orchid  
Vero Beach, FLA 32968

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health Care

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

WILLIAM T. SEED, MD  
Elizabeth D. Smith, EdD

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

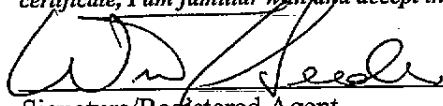
WILLIAM T. SEED MD  
728 Grove Place  
Town of Orchid  
Vero Beach, FLA 32968

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

WILLIAM T. SEED, MD + Elizabeth D. Smith, EdD  
728 Grove Place  
Town of Orchid  
Vero Beach, FLA 32968

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Signature/Registered Agent

8/10/00  
Date

  
Signature/Incorporator

8/10/00  
Date

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA