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Florida Department of State  
Division of Corporations  
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To:

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Fax Number : (850) 922-4001

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
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**FLORIDA PROFIT CORPORATION OR P.A.**

**Professional Access Services, Inc.**

Certificate of Status	1
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## ARTICLES OF INCORPORATION

*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:

**Professional Access Services, Inc.**

### ARTICLE II PRINCIPAL OFFICE

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

**Professional Access Services, Inc.  
1101 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134**

### ARTICLE III SHARES

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

**1500 Shares at No Par Value**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**STEPHEN ROTH  
1101 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134**

*Prepared By:*

**Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940**

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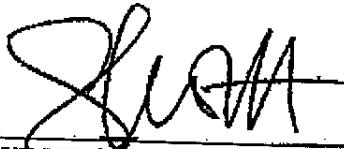
**ARTICLES V INCORPORATOR(S)**

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

**STEPHEN ROTH  
1101 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134**

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

26 day of Sept. 2000.



**STEPHEN ROTH  
SIGNATURE**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Professional Access Services, Inc.**

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

**STEPHEN ROTH**

Name


**1101 ALHAMBRA CIRCLE**

(P.O. Box or Mail Drop Box NOT Acceptable)

**CORAL GABLES, FL 33134**

(City / State / Zip)

*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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
**STEPHEN ROTH**  
SIGNATURE

**Sept. 29, 2000**  
(Date)

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