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TRANSMITTAL LETTER

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

800003409838--6
-09/29/00--01070--023
*****78.75 *****78.75

Subject Comprehensive HealthCare Center, Inc.

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

\$78.75
Filing Fee
& Certified Copy

\$122.50
Filing Fee
& Certified Copy
(ADDT'L COPY REQ'D)

\$131.25
Filing Fee,
Certified Copy
& Certificate
(ADDT'L COPY REQ'D)

FROM:	Jehad G. Nimeh, MD 1443 San Marco Blvd. 1st. Floor Jacksonville, Florida 32207
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00 SEP 29 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles. Provide **TWO** copies if you have requested a certified copy as designated in the boxes above.

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ARTICLES OF INCORPORATION
OF
Comprehensive HealthCare Center, 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 I NAME

The name of the Corporation shall be: Comprehensive HealthCare Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1443 San Marco Blvd.
1st. Floor
Jacksonville, Florida 32207

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ARTICLE III PURPOSE

The specific purpose for which the corporation is being formed is: Internal medicine health care services

ARTICLE IV SHARES

The number of shares of stock is: 1,500

ARTICLE V REGISTERED AGENT

The name and Florida street address registered agent is:

Jehad G. Nimeh, MD
1443 San Marco Blvd.
1st. Floor
Jacksonville, Florida 32207

ARTICLE VI INCORPORATOR

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

Jehad G. Nimeh, MD
1443 San Marco Blvd.
1st. Floor
Jacksonville, Florida 32207



Jehad G. Nimeh, MD, Incorporator

09/25/2000

Date

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.

Jehad G. Nimeh

Jehad G. Nimeh, MD, Registered Agent

09/29/2000

Date

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TALLAHASSEE, FLORIDA