

TRANSMITTAL LETTER

900000114574

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

SUBJECT: Domestication of Hobbie's Healthcare Management, Inc

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

FEES:

900003495479--3
-12/11/00--01129--004
****137.50 ****137.50

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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FROM:

LINDA L. FLETCHER
Name (Printed or typed)

P.O. Box 3452
Address

Holiday, FL 34690
City, State & Zip

(727) 944-5210
Daytime Telephone number

FILED
00 DEC 11 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LB
12/15

CERTIFICATE OF DOMESTICATION

The undersigned, Linda L Fletcher, President
(Name) (Title)
of Hitcher's Healthcare Management, Inc a foreign Corporation,
(Corporation Name)
in accordance with F.S., 607.1801 does hereby certify:

1. The date on which corporation was first formed was 1 January, 1996.
2. The jurisdiction where the above named corporations was first formed, incorporated, or otherwise came into being was Lee County, ALABAMA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Fletcher's Healthcare Management, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Hitcher's Healthcare Management, Inc.
5. The jurisdiction that constituted the seat, siege, social principal place of business or central administration of the corporation, or any other equivalent thereto under applicable law immediately prior to the filing of the Certificate of Domestication was Lee County, ALABAMA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Hitcher's Healthcare Management, Inc
and am authorized to sign this certificate of Domestication on behalf of the corporation and have done
so this the 16 day of December, 2000

Rinda R. Fletcher
(Authorized Signature)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION

In compliance with Chapter F.S., 607.

ARTICLE I NAME

The name of the corporation shall be:

Fletcher's Healthcare Management, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*P.O. Box 3452
HOLIDAY, FL 34690*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct business related to the management of healthcare

ARTICLE IV SHARES

The number of shares of stock is: *100*

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

*LINDA L. FLETCHER
PRESIDENT
P.O. BOX 3452
HOLIDAY, FL 34690*

*JANIS L. RUSSELL
VICE PRESIDENT
P.O. BOX 3452
HOLIDAY, FL 34690*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*LINDA L. FLETCHER
3135 Bluff Blvd.
HOLIDAY, FL 34691*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*LINDA L. FLETCHER
3135 Bluff Blvd
HOLIDAY, FL 34691*

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 am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Linda L. Fletcher

Signature/Registered Agent

6 Dec 2000

Date

Linda L. Fletcher

Signature/Incorporator

6 Dec 2000

Date

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TALLAHASSEE, FLORIDA