TRANSMITTAL LETTER

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

Physicians Advantage Consulting, Inc.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX) **SUBJECT:**

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

\$70.00

X \$78.75

Filing Fee Filing Fee

& Certificate of Status

\$78.75

■ \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

Shara Mowsey

Name (Printed or typed)

4161 Aldergate Place
Address

Winter Springs, FL 32708 City, State & Zip

407-699-5962 Daytime Telephone number

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

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:	as Alaska a start as
rnysici	ans Advantage Consulting, Inc.
ARTICLE II PRINCIPAL OFFICE	
The principal place of hyginess/mailing address is:	1161 Aldergate Place
	Winter springs, FL 32708
ARTICLE III PURPOSE	voirite spiritys, i =
The purpose for which the corporation is organized	
Physician Con	sulting.
	Q
ARTICLE IV SHARES The number of shares of stock is:	
1,000 Sha	res
ARTICLE V INITIAL OFFICERS/DIRECT	CORS (optional)
The name(s) and address(es):	LCF TECF
	FIL RETURN ANASSE
ARTICLE VI REGISTERED AGENT	RIDA
The name and Florida street address of the register	ed agent is:
SharA Mowrey 4161 A	degate Place
Winter	Springs, Fl. 32708
ARTICLE VII INCORPORATOR	1 0-11 20 100
The <u>name and address</u> of the Incorporator is:	
ShakA Mowrey 4161 Ale	legate Place Springs, FL 32708
Winter	Springs, FL 32708
*************	************
certificate, I am familiar with and accept the appointment as re	cess for the above stated corporation at the place designated in this gistered agent and agree to act in this capacity
Shan Mauren	2-22-01
Signature/Registered Agent	Date
< ho	2-22-1
Signature/Incorporator	<u> </u>
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