

PO1000038217

TRANSMITTAL LETTER

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

000003994520--9  
-04/12/01--01070--026  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Comprehensive Practice Resources, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check in the amount of \$ 78.75 for filing fees and a certificate.

FROM: PADGETT BUSINESS SERVICES  
45 WEST TARPON AVENUE  
TARPON SPRINGS, FL 34689  
(727) 934-7759

01 APR 12 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

PA 4/16/01

# ARTICLES OF INCORPORATION

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 Practice Resources, Inc.**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business of this corporation shall be:  
**4956 Ridgemoor Circle  
Palm Harbor, FL 34685**

## ARTICLE III SHARES

The number of shares of stock this corporation is authorized to have outstanding at any one time is:  
**One-Thousand (1,000) Shares  
Common Stock**

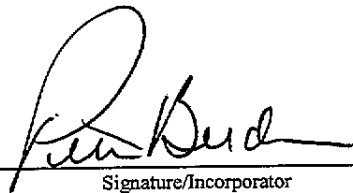
## ARTICLE IV INITIAL REGISTERED AGENT

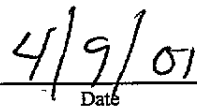
The name and Florida street address of the initial registered agent are:  
**Peter Berden  
4956 Ridgemoor Circle  
Palm Harbor, FL 34685**

## ARTICLE V INCORPORATOR

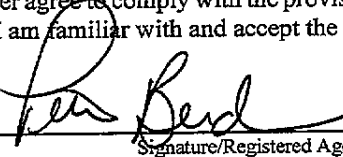
The name and address of the incorporator to these Articles of Incorporation are:  
**Peter Berden  
4956 Ridgemoor Circle  
Palm Harbor, FL 34685**

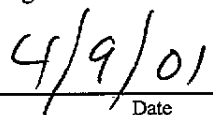
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date