TRANSMITTAL LETTER

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

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

\$70.00

□ \$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

Walshon
Name (Printed or typed) Robert

1252 Holly Cove DRIVE

Jupiter, FL 33458 City, State & Zip

(561) 575-6913

Daytime Telephone number

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

ARTICLES OF INCORPORATION In compliance with Chapter 621, F.S. (Profit)

ARTICLE I. NAME

The name of the corporation shall be Health Net Solutions, Inc.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business/mailing address is: 1252 Holly Cove Dr. Jupiter, Florida, 33458

ARTICLE III. **PURPOSE**

The purpose for which the corporation is organized is to provide consulting services to health care providers.

ARTICLE IV. SHARES

The number of shares of stock is 10 shares.

ARTICLE V. INITIAL OFFICERS/DIRECTORS

The Chief Executive Officer, President, Secretary, and Treasure of this corporation will be: Robert F. Walshon 1252 Holly Cover Drive Jupiter, FL 33458

REGISTERED AGENT ARTICLE VI.

The name and Florida Street address of the registered agent is: Robert F. Walshon 1252 Holly Cover Drive Jupiter, FL 33458

ARTICLE VII. INCORPORATOR

The name and address of the Incorporator is: Robert F. Walshon 1252 Holly Cover Drive Jupiter, FL 33458

Having been named as registered agent 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.

Rolat Walshan
Signature/Registered Agent

5-801

Signature/Incorporator

Date