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TRANSMITTAL LETTER

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

01 JUL 31 AM 9:54
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Subject MEDICAL OFFICE MANAGEMENT INC.

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

\$78.75
Filing Fee
& Certified Copy

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

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

FROM:	Nellie Akalp
	30141 Agoura Road, Suite 205 Agoura Hills, California 91301

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*****78.75 *****78.75

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.

ARTICLES OF INCORPORATION
OF
MEDICAL OFFICE MANAGEMENT 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: MEDICAL OFFICE MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

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

240 Everglades Blvd. S.
Naples, Florida 34117

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,500 at \$1.00 par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Kathy Munson
240 Everglades Blvd. S.
Naples, Florida 34117

ARTICLE V INCORPORATOR

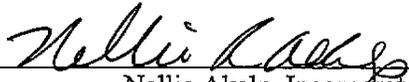
The name and address of the incorporator to these Articles of Incorporation is:

Nellie Akalp
30141 Agoura Road, Suite 205
Agoura Hills, California 91301

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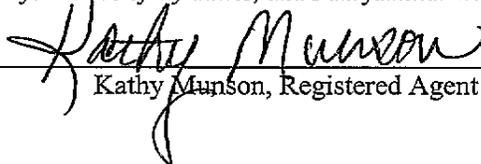


Nellie Akalp, Incorporator

7/24/01

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.



Kathy Munson, Registered Agent

7/30/01

Date