

P01000084161

August, 6, 2001

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

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-08/27/01--01004--004
*****78.75 *****78.75

ProMedResearch, Inc.

To Whom It May Concern:

Enclosed are an original and one (1) copy of the Articles of Incorporation and a check for:

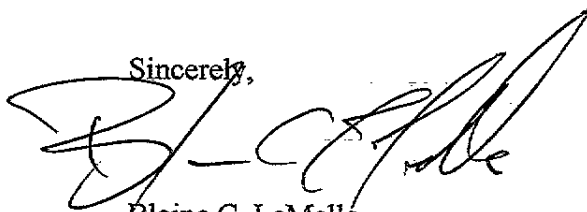
\$78.75 (Filing Fee, Certified Copy & Registered agent designation).

The address to which the Articles should be forwarded is as follows:

Blaine C. LeMelle, President
P.O. Box 9807
Coral Springs, FL 33075
(954) 340-2349

Thank you for your kind consideration in this matter.

Sincerely,



Blaine C. LeMelle
President, ProMedResearch, Inc.

FILED
01 AUG 24 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. REGISTER AUG 24 2001

W01-18378



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 9, 2001

BLAINE C LEMELLE
PO BOX 9807
CORAL SPRINGS, FL 33075

SUBJECT: PROMED RESEARCH, INC.
Ref. Number: W01000018378

We have received your document for PROMED RESEARCH, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6919.

Beth Register
Corporate Specialist Supervisor
New Filings Section

Letter Number: 601A00045721

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:

ProMedResearch, Inc.

ARTICLE II PRINCIPLE OFFICE

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

P.O. Box 9807
Coral Springs, FL 33075

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is:

1,000,000

ARTICLE IV SHAREHOLDERS

The shareholders of the corporation and percentage of ownership is as follows:

Blaine C. LeMelle, President - 50% Shareholder
Adam Smith, Vice President - 50% Shareholder

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Blaine C. LeMelle
11480 Lakeview Drive
Coral Springs, FL 33071

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR

The name and street address of the incorporators to these Articles of Incorporation are:

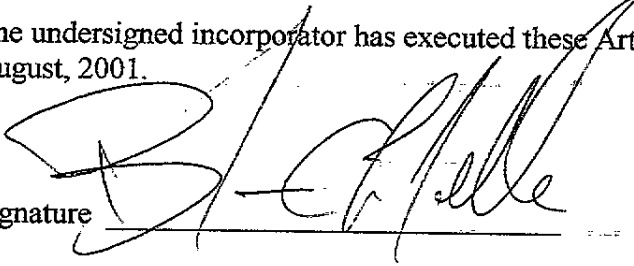
Blaine C. LeMelle and Adam Smith

11480 Lakeview Drive

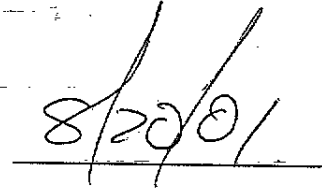
Coral Springs, FL 33071

The undersigned incorporator has executed these Articles of Incorporation this 6th day of August, 2001.

Signature

A handwritten signature in black ink, appearing to read 'Blaine C. LeMelle', written over a horizontal line.

Date

A handwritten date '8/20/01' in black ink, written over a horizontal line.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ProMedResearch, Inc.

2. The name and address of the registered agent and office is:

Blaine C. LeMelle
11480 Lakeview Drive
Coral Springs, FL 33071

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

Date

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA