# 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 1-800-342-8062 • Fax (850) 222-1222 000004792830--4 -01/24/02--01001--002 \*\*\*\*\*70.00 \*\*\*\*\*70.00 Art of Inc. File\_ LTD Partnership File\_ Foreign Corp. File\_ L.C. File\_\_\_ Fictitious Name File\_ Trade/Service Mark\_\_\_\_ Merger File\_\_\_\_\_ Art. of Amend. File\_\_\_\_\_ RA Resignation\_\_\_\_\_ Dissolution / Withdrawal\_\_\_\_\_ Annual Report / Reinstatement\_\_\_\_\_ Cert. Copy\_\_\_\_\_ Photo Copy\_\_\_\_\_ Certificate of Good Standing Certificate of Status\_\_\_\_\_ Certificate of Fictitious Name\_\_\_\_\_ Corp Record Search\_\_\_\_\_ Officer Search\_\_\_\_\_ Fictitious Search\_\_\_\_\_ Fictitious Owner Search\_\_\_\_\_ Signature Vehicle Search\_\_\_\_\_ Driving Record\_\_\_\_\_ UCC 1 or 3 File\_\_\_\_\_ Requeste # UCC 11 Search\_\_\_\_ Time Name UCC 11 Retrieval J. BRYAN JAN 2 4 2002

Courier\_\_

Will Pick Up

Walk-In

CAPITAL CONNECTION, INC.

#### 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:

MEDICENTER OF CENTRAL FLORIDA, Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

206- WEST OAK STREET SUITE -C XISSIMMEE-FL-3474/ TCLE III PURPOSE

The purpose for which the corporation is organized is:

BUSINESS IN THE STATE OF FLORIDA CONDUCT

The number of shares of stock is: 10,000

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

DR. MAZHAR NAWAZ, PRESIDENT 3921 - HUNTERS ISLE DR. ORLANDO, FLA - 32837

SEEMI NAWAZ, ADMINI 3921- HUNTERS ISLE D. ORLANDO, FLA-32835

#### REGISTERED AGENT

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

MAZHAR NAWAZ 3921- HUNTERS ISLE DR. ORLANDO, FLA-32837 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MAZHAR NAWAZ 3921-HUNTERS ISLE DR. ORLANDO, FLA-32837.

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

Signature/Registered Agent