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TRANSMITTAL LETTER

March 14, 2002
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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-04/11/02--01035--002
*****70.00 *****70.00

SUBJECT: NEW PATIENT SOLUTIONS, INC.

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

X \$70.00 Filing fee and Registered Agent

FROM: Marvin A. Hodges

Please date stamp and return one copy of these Articles for our records.

Thank you.

Marvin A. Hodges

4229 SW 59 AVE

MIAMI FL 33155

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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4-18-02
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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 1 - NAME

The name of this Corporation shall be:

NEW PATIENT SOLUTIONS, INC.

ARTICLE II - PRINCIPAL OFFICE

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

4229 SW 59 Avenue
Miami, Florida 33155

ARTICLE III - PURPOSE

The purpose of the corporation is to conduct any legal business activities permitted under the laws of the United States of America and the State of Florida.

ARTICLE IV - DURATION

The period of duration of this corporation shall be perpetual unless dissolved by law. Corporate existence shall commence with the filing with the Secretary of State.

ARTICLE V - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is ONE THOUSAND (1,000) SHARES. Shares shall have NO PAR value.

ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Marvin A. Hodges
4229 SW 59 Avenue
Miami, Florida 33155

ARTICLE VII - INCORPORATOR

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

Marvin A. Hodges

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4229 SW 59 Avenue
Miami, Florida 33155

ARTICLE VIII - DIRECTORS

The corporation shall have one director.

ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any officer or agent, or any former officer or agent, to the full extent permitted by law.


ARTICLE X - MEETING BY CONFERENCE TELEPHONE

The Shareholders of the corporation may participate in special meetings by means of conference telephone as provided by law. Regular meetings of the Shareholders must be attended in person or represented by written proxy, by a quorum of 51% or more.

ARTICLE XI - BY-LAWS

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Shareholders.

The undersigned has executed these Articles of Incorporation this ___th day of March, 2002.


SIGNATURE OF INCORPORATOR
Marvin A. Hodges

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, 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:

New Patient Solutions, Inc.

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

Marvin A. Hodges
4229 SW 59 Avenue
Miami, Florida 33155
786-268-7475

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: Marvin A. Hodges DATE: March 30, 2002

STATE OF California)
) ss.
COUNTY OF San Diego)

Before me, A NOTARY authorized to take acknowledgement in the State and County set forth above, personally appeared:

MARVIN A. HODGES

known to me, and known by me, to be the person who executed the foregoing Articles of Incorporation and acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 1st day of April, 2002

MY COMMISSION EXPIRES: _____

Leah S. Grisafi
NOTARY PUBLIC AT LARGE



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