

PO2000098086

Date: 09/05/2002

Secretary of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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-09/09/02--01027--001
*****78.75 *****78.75

Re: Healthcare Transformation, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75.

This represents the cost of Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Joseph C. Grane

Healthcare Transformation, Inc.
36181 East Lake Road, Suite 143
Palm Harbor, FL 34685
(813) 787-3539

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02 SEP -9 PM 1:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JE
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ARTICLES OF INCORPORATION
Of
HEALTHCARE TRANSFORMATION, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is: HEALTHCARE TRANSFORMATION, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in physician practice consulting and services permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue one thousand shares (1,000) of one Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME: Healthcare Transformation, Inc.		
ADDRESS: 36181 East Lake Road, Suite 143		
CITY: Palm Harbor,	FLORIDA	ZIP: 34685

The name and street address of the Initial Registered Agent of this Corporation is:

NAME: Joseph C. Grane		
ADDRESS: 5504 Stag Thicket Lane		
CITY: Palm Harbor,	FLORIDA	ZIP: 34685

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME: Joseph C. Grane		
ADDRESS: 5504 Stag Thicket Lane		
CITY: Palm Harbor,	FLORIDA	ZIP: 34685
NAME:		
ADDRESS:		
CITY:	FLORIDA	ZIP:

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME: Joseph C. Grane		
ADDRESS: 5504 Stag Thicket Lane		
CITY: Palm Harbor,	FLORIDA	ZIP: 34685
NAME:		
ADDRESS:		
CITY:	FLORIDA	ZIP:

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 5th day of September, 2002.

_____(Seal)
_____(Seal)
_____(Seal)

State of Florida)
County of Pinellas) SS


before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared:

<u>Joseph C. Grane</u> Signature	<u>FL 02 B650-483-61-095-0</u> Form of Identification
_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that He executed these Articles of Incorporation, that I relied upon the form OL of identification of the above named person as indicated opposite each name, and that an oath (was) (was not) taken.

Witness my hand and official seal in the County and State last aforesaid this 5th day of SEPTEMBER, 2002.

David W. Ormiston
Notary Signature
DAVID W. ORMISTON
Printed Notary Signature

 David W Ormiston
My Commission CC884137
Expires October 31, 2003

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF REGISTERED AGENT OF

HEALTHCARE TRANSFORMATION, INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation at **5504 Stag Thicket
Lane, Palm Harbor, FL 34685** has named **Joseph C. Grane** located at the aforesaid
address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with the
obligations of that position, I hereby accept to act in this capacity, and agree to comply
with the provisions of Florida Law in keeping open said office.

X Joseph C. Grane
(Registered agent)