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ECRETARY OF STATE
ALLAHASSEE FLORINA

TRANSMITTAL LETTER

Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314 Subject A SafeChoice Medical, Inc. Enclosed is an original and two (2) copies of the articles of incorporation and a check for \$78.75 \$87.50 \$70.00 **⋈** \$78.75 Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certified Copy & Certified Copy & Certificate (ADDITIONAL COPY REQUIRED)

FROM:

Nellie Akalp

Name

30141 Agoura Rd., Suite 205

Address

Agoura Hills, California 91301

City, State & Zip

818-879-9079

Daytime Telephone number

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 A SafeChoice Medical, 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: A SafeChoice Medical, Inc.

ARTICLE II ____ PRINCIPAL OFFICE

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

8435 4th Street North, Suite J St. Petersburg, Florida 33702

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1500 at \$0.01 par value per share.

ARTICLE IV ____ INITIAL DIRECTORS

The name(s) and address(s) of the initial Director(s) is/are:

Paul L. Guilbaud 14510 Kandi Court Largo, Florida 33774-5101

Janice B. Shad 5635 Second Avenue North St. Petersburg, Florida 33710

Harry Jordan King Jr. 700 Severs Landing Drive Palm Harbor, Florida 34683

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Paul L. Guilbaud 8435 4th Street North, Suite J St. Petersburg, Florida 33702

ARTICLE VI IN	<u>CORPORATOR</u>		
The name and address of the	e incorporator to these Art	ticles of Incorporation is:	
Nellie Akalp			
30141 Agoura Rd.,	Suite 205		
Agoura Hills, Califo	omia 91301		
Mallie al	<u> </u>	2.14.03	
Nellie Akalp, It	icorporator	Date	
place designated in this certific capacity. I further agree to con	cate, I hereby accept the appoint with the provisions of all	ice of process for the above stated corpora ointment as registered agent and agree to ll statutes relating to the proper and comport the obligations of my position as register 2 2	act in this lete
Paul L. Guilbaud, R	egistered Agent	Date	

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA