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TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$122.50 □ \$131.25 □ \$70.00 Filing Fee & Certificate Filing Fee & Certified Copy Filing Fee Filing Fee, Certified Copy & Certificate ADDITIONAL COPY REQUIRED JAMES O'BriEN Name (Printed of typed) 4806 W. SAN MIGGEL St.
Address TAMPA, FLORIDA 33629

(813) 286 7051

NOTE: Please provide the original and one copy of the articles.

ED

ARTICLES OF INCORPORATION

03 MAR - 3 PM 1:49

	Professional Association SECRETARY OF STATE
1.	The name of the corporation shall be: Gisele R. Ris EALL AHARSAE, FLORIDA
2.	The purpose for which this corporation is organized is
Ph	y sician services
3. _320	The principal place of business and mailing address of the corporation is: 1 S. Dale Matory Huy tamps, FL 33629 and the mailing Address
480	6 W. SAN Mi Guel St. tAMPA, Florida 33629
4. stock, 5. istered Florida 6. addres	The corporation shall have the authority to issue 1,000,000.00 shares of common in one class only, each with a par value of \$001 The registered agent of the corporation is
7.	The number of directors may be raised or lowered by amendment of the bylaws of the ration but shall in no case be less than one. The incorporator of this corporation is
Having	wheen named as registered agent and to accept service of process for the above stated

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 am familiar with and accept the obligations of my position as registered agent.

Dated _ 16/1/02

Registered Agent