

P030000026497

Page 1 of 2

FILED

03 MAR -5 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000065099 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305) 358-2571
Fax Number : (305) 373-7718

FLORIDA PROFIT CORPORATION OR P.A.

~~NATIONAL HEALTHCARE NETWORKS, INC.~~

NATIONAL HEALTH PLAN NETWORKS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 28, 2003

ACE INDUSTRIES

SUBJECT: NATIONAL ~~HEALTHCARE~~ NETWORKS, INC.
REF: W03000005770

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P93000034049.

If you have any further questions concerning your document, please call (850) 245-6972.

Doris Brown
Document Specialist
New Filings Section

FAX Aud. #: E03000065099
Letter Number: 103A00012826

H03-65099

FILED

03 MAR -5 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Incorporation

Article 1: Name of Corporation: **NATIONAL HEALTH PLAN NETWORKS, INC.**

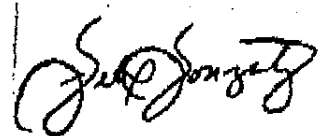
Address of Corporation: **4630 S. KIRKMAN RD. #708
ORLANDO, FL. 32811**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **100**, with a par value of **0**.

Article 3: REGISTERED AGENT: **FELIX GONZALEZ**

REGISTERED OFFICE: **4630 S. KIRKMAN RD. #708
ORLANDO, FL. 32811**

*I am familiar with and hereby accept the duties and responsibilities as Register Agent for said corporation.



Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).
First listed is President, Second is Vice President, then Secretary/Treasurer.

1. **FELIX GONZALEZ 4630 S. KIRKMAN RD. #708 ORLANDO, FL. 32811**

2.
3.

Article 5: The NAME and ADDRESS of the INCORPORATOR is:
**FELIX GONZALEZ
4630 S. KIRKMAN RD. #708
ORLANDO, FL. 32811**

In witness whereof, I have subscribed my name:



Signature of Incorporator

H03-65099