

**Electronic Articles of Incorporation  
For**

P03000048651  
FILED  
May 01, 2003  
Sec. Of State

MY PROVIDER MEDICAL, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

MY PROVIDER MEDICAL, INC.

**Article II**

The principal place of business address:

5897 HIGHWAY 77 NORTH  
GRACEVILLE, FL. US 32440

The mailing address of the corporation is:

5897 HIGHWAY 77 NORTH  
GRACEVILLE, FL. US 32440

**Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The number of shares the corporation is authorized to issue is:

1000

**Article V**

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

WILLIAM B NOLIN  
5897 HIGHWAY 77 NORTH  
GRACEVILLE, FL. 32440

I certify that I am familiar with and accept the responsibilities of registered agent.

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Registered Agent Signature: WILLIAM BARRY NOLIN

### **Article VI**

The name and address of the incorporator is:

WILLIAM BARRY NOLIN  
5897 HIGHWAY 77 NORTH  
GRACEVILLE, FLORIDA 32440

Incorporator Signature: WILLIAM BARRY NOLIN

### **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
WILLIAM B NOLIN  
5897 HIGHWAY 77 NORTH  
GRACEVILLE, FL. 32440 US

Title: S  
WILLIAM B NOLIN  
5897 HIGHWAY 77 NORTH  
GRACEVILLE, FL. 32440 US