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> WRITER'S EMAIL: @allendell.com

June 23, 2003

† BOARD CERTIFIED, MARITAL A FAMILY LAW \* BOARD CERTIFIED, CITY, COUNTY A LOCAL GOVERNAENT LAW † CERTIFIED STATE & FEDERAL MEDIATOR.

> Secretary of State Division of Corporations Corporate Filings P. O. Box 6327 Tallahassee, Florida 32314

> > RE: MASTERHEALTH MINISTRY SYSTEMS, INC.

Dear Sir or Madam:

Enclosed please find an original and one (1) copy of the Articles of Incorporation of MASTERHEALTH MINISTRY SYSTEMS, INC. Please file same and have the copy certified and returned to me in the enclosed postage paid envelope.

In payment of filing charges, we enclose our firm check in the amount of \$122.50 which represents payment of the following items:

Filing fee for Articles of Incorporation Certified copy of Articles of Incorporation

ر 8.73

35,00

TOTAL \$43.75

Thank you for your assistance in this matter.

Registered agent

Very truly yours,

James S. Eggert, Esquire

JSE/pb Enclosures

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ARTICLES OF INCORPORATION 2003 JUL -7 PM 3: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

RITCLES OF INCORPORA

#### MasterHealth Ministry Systems, Inc.

of

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: MasterHealth Ministry Systems, Inc.

#### ARTICLE II - Principal Office

The principal place of business and mailing address of the Corporation shall be: 3157 Lakestone Drive, Tampa, Florida, 33618, subject to change and relocation by the Board of Directors.

#### ARTICLE III - Capital Stock

The capital stock of this Corporation shall be 100 shares of common stock having a par value of \$1.00 per share.

#### ARTICLE IV - Registered Office

The street address of the initial registered office of the Corporation is 3157 Lakestone Drive, Tampa, Florida, 33618, and the name of the initial registered agent at such address is Alexander C. Eastlick.

#### ARTICLE V - Incorporator

The name and address of the incorporator is: Alexander C. Eastlick

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on this

*23* day of June, 2003.

Mexander C. Eastlick

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

Personally Known

Produced Identification

Type of Identification

The foregoing instrument was acknowledged before me on June 23, 2003, by Alexander C. Eastlick.

Notary Public--State of Florida

Print Notary Name: \_\_\_\_

My Commission Number is: \_\_\_\_

My Commission Expir

## Patricia L. Bariteau MY COMMISSION # DD100735 EXPIRES May 28, 2005 RONDED THRU TROY FAIN INSUITANCE, INC.

#### **ACCEPTANCE**

Having been named as Registered Agent and to accept service of process for MasterHealth Ministry Systems, Inc. at the place designated in these Articles of Incorporation, 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 I am familiar with and accept the obligations of my position as Registered Agent.

Alexander C. Eastlick