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SECRETARY OF STATE
TALLAPIASSEE, FLORIDA

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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

(40-IV4VTMed, Inc.)

SUBJECT: 4D-Immersive Visualization & Virtual Therapeutic Medicine, Inc.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 Filing Fee Filing Fee

& Certificate of Status

\$87.50 **□** \$78.75

Filing Fee Filing Fee,

& Certified Copy Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

Laurie Webster II, Ph.D.

Name (Printed or typed)

2048 Centre Pointe Lane Address

Tallahassee, Florida 32308
City, State & Zip

(850) 877 - 7854

Davtime Telephone number

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 18, 2003

LAURIE WEBSTER II PH D 2048 CENTRE POINTE LANE TALLAHASSEE, FL 32308

& Virtual

SUBJECT: 4D - IMMERSIVE VISUALIZATION & VISUAL THERAPEUTIC MEDICINE, INC.

Ref. Number: W03000017532

We have received your document for 4D - IMMERSIVE VISUALIZATION A VISUAL THERAPEUTIC MEDICINE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6904.

Freida Chesser Corporate Specialist New Filings Section

Letter Number: 103A00037626

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

4D-Immersive Visualization & Virtual Therapeutic Medicine, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2048 Centre Pointe Lane Tallahassee, Florida 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of 4D-Immersive Visualization & Virtual Therapeutic Medicine, Inc. is to provide advanced computer and telecommunications technology linkage with sophisticated medical information management systems to maximize physician-provider interface with highly complex disease states and diverse populations simulataneously and without regard to boundaries of time and space.

ARTICLE IV SHARES The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Laurie Webster II, Ph.D. - President

Joseph Lee Webster Sr., M.D. - Vice President

Lorene Webster - Secretary

REGISTERED AGENT

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

Laurie Webster II, Ph.D. 2048 Centre Pointe Lane

Tallahassee, Florida 32308

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Laurie Webster II, Ph.D. 2048 Centre Pointe Lane Tallahassee, Florida 32308

Having been named as registered agent to accept service of process for the above stated corporation at the place of designated in this Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 $\frac{7/6/03}{\text{Date}}$