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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
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Phone : (850) 222-1092
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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

2003 AUG 12 AM 8:51

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FLORIDA PROFIT CORPORATION OR P.A.

Access Healthcare Capital, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

8/13/03

ARTICLES OF INCORPORATION

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

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2003 AUG 12 AM 8:52

CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ACCESS HEALTHCARE CAPITAL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18910 ST. LAURENT DRIVE
LUTZ, FL 33548

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTHCARE LENDING

ARTICLE IV SHARES

The number of shares of stock is:

100 WITH NO PAR VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

MICHAEL HILDEBRAND, DIRECTOR, 18910 ST. LAURENT DRIVE, LUTZ, FL 33548
JODI HILDEBRAND, DIRECTOR, 18910 ST. LAURENT DRIVE, LUTZ, FL 33548

ARTICLE VI REGISTERED AGENT

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

MICHAEL HILDEBRAND, 18910 ST. LAURENT DRIVE, LUTZ, FL 33548

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL HILDEBRAND, 18910 ST. LAURENT DRIVE, LUTZ, FL 33548

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

By: Michael A. Hildebrand

Signature/Registered Agent

Michael Hildebrand, RA

8/11/2003

Date

Michael A. Hildebrand

Signature/Incorporator

Michael Hildebrand, Incorporator

8/11/2003

Date