P030000 94544

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400022459224

08/25/03--01065--011 **78.75

O3 AUG 22 PM 3: 52
SECRETARY OF STATE

18/2/07

TRANSMITTAL LETTER

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

\$70.00	22 (\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	
FROM: _(charles H. 1	Sichent ;	44
•	Nam 750 F CB	e (Printed or typed)	142 Suit
	750 600	Address	17/1000017
	P	Sch FL 77	060
	P	Address	

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

NAME The name of the corporation shall be: Practice management, Inc. PRINCIPAL OFFICE The principal place of business/mailing address is: 750 E Simple Land Bld#2 front # 103 The purpose for which the corporation is organized is: medical Ailling ARTICLE IV The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s) PROSIDENT - Charles H. Becher T 250 E Smile Ad BID #2 Romparo Beards FL 33000 The name and Florida street address of the registered agent is: The name and address of the Incorporator is: 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 Signature/Registered Agent

ARTICLES OF INCORPORATION

Signature/Incorporator

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