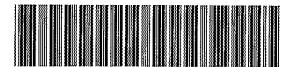
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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TRANSMITTAL LETTER

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

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losed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00	 \$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:		(Printed or typed)	- /
	100 19 Deri	auda Isle Dr Address	
	Tampa, FL City	33647 . State & Zip	
	813 910-	2897	

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

Daytime Telephone number

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: Womens Health, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Bermoda Isle Dr. Tampa, FL 33647 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: All lawful purposes. ARTICLE IV SHARES The number of shares of stock is: 100 Shares INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): REGISTERED AGENT The name and Florida street address of the registered agent is: Brett Kasenetz 10519 Bermuda Isk Dr. Tampa, FL 33647 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Brett Kasenetz 10519 Bermuda Isle Dr. 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/Incorporator