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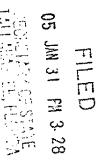
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C.J.2.

TRANSMITTAL LETTER

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

SUBJECT: Dr. Mais	sen's Mobile House Call Medical F (PROPOSED CORPORA)	Practice, P.A.	HISTORIANI V	<u> </u>
	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)	•
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: Luc	dmilla N. Maisen	(Delay)		
	Name ((Printed or typed)		
-	1453 West Island Club Square			• •
	A	Address		
<u>, </u>	Vero Beach, Florida 32963			
	City,	State & Zip	,	*
	(772)559-5490			

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:
DR. Maisen's Mobile House Call Medical Practice, P.A.
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is: 1453 West Island Club Square
Vero Beach, FL 32963
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
ARTICLE IV SHARES The number of shares of stock is:
THE HAMILES OF SECRED.
100% = 1 share
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(a) address(as) and gnosific title(a):
List name(s), address(es) and specific title(s): Lupmilla Maisen, MD
1453 West Island Club Square
Vero Beach, FL 32963
VETO CONCILIE SELES
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Yusuf Mihaylov 1453 West Island Club Square
Vero Beach, FL 32963
ADTICLE III INCODDODATOD
The name and address of the Incorporator is:
Lemmilla Maisent MD
1453 West Island Chis Square
Vero Beach, FL 32963

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
West Melingle 1/26/2005
Signature/Registered Agent Date

Signature/Incorporator

1/26/2005 Date