

POS000028695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

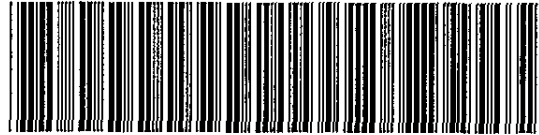
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE
TALLAHASSEE, FLORIDA

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05 FEB 24 PM 4: 39
STATE DEPT OF REVENUE
TALLAHASSEE, FLORIDA

V. Ingram
2/24/05

TRANSMITTAL LETTER

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

SUBJECT: Integrated Research Partners Corp
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Thomas Whited
Name (Printed or typed)

1922 Celtic Rd
Address

Tallahassee, FL 32317
City, State & Zip

850-528-8006
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

FILED

05 FEB 24 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Integrated Research Partners
CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1501 E Park Ave
Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This organization is to be instituted for the purpose of providing high quality ambulatory care in varied locations in the continental US, as well as health education, early intervention and treatment, to include pharmaceutical & nuclear medical research + development.

ARTICLE IV SHARES

The number of shares of stock is:

1 billion shares common stock protected

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Thomas Whited, President
Marlene Webster, VP Community Affairs
Minesha Carter, Interim Secretary
Willie Whited, VP

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Amita O Abrams 3204 Hastie Rd Tall, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas Whited
1922 Celtic Rd
Tallahassee, FL 32317

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

Amita O. Abrams

Signature/Registered Agent

2-24-2005

Date

Thomas Whited

Signature/Incorporator

24 Feb 05

Date