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(Requestor's Name)

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(City/State/Zip/Phone #)

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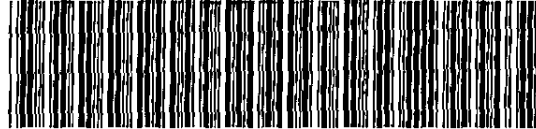
(Business Entity Name)

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TALLAHASSEE, FLORIDA

T. Burch AUG 18 2005

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## TRANSMITTAL LETTER

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

**SUBJECT:** Domestication of Dr. James E> Bradfield, PA from Delaware

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

**FEES:**

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

**OPTIONAL:**

Certificate of Status	\$ 8.75
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**FROM:** Wes Harvin II, Esq

**Name (printed or typed)**

900 E Ocean Blvd Ste 210B

**Address**

Stuart, FL 34994

**City, State & Zip**

772.286.3630

**Daytime Telephone Number**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CERTIFICATE OF DOMESTICATION

The undersigned, Dr. James Bradfield, President  
(Name) (Title)

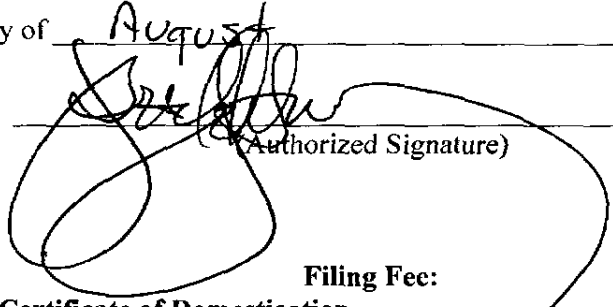
of Dr. James E. Bradfield, M.D., P.A. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was Dec 31, 2001.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Delaware.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Dr. James E. Bradfield, M.D., P.A..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Dr. James E. Bradfield, M.D., P.A..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Newark, Delaware.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am James E. Bradfield, of Dr. James E. Bradfield, M.D., P.A.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 9 day of August, 2005.

  
(Authorized Signature)

<b>Filing Fee:</b>	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

Dr. James E. Bradfield, M.D., P.A.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

1300 North Parrott Ave  
Okeechobee, FL 34972

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Medcial practice

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS:

1,000

**ARTICLE V    INITIAL DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

James E. Bradfield, President  
1300 North Parrott Ave  
Okeechobee, FL 34972

**ARTICLE VI    INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Wes Harvin II, Esq  
900 E Ocean Blvd Ste 210B  
Stuart, FL 34994

**ARTICLE VII    INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Wes Harvin II, Esq.  
900 E Ocean Blvd Ste 210B  
Stuart, FL 34994

\*\*\*\*\*

**HAVING BEEN NAMED AS REGISTERED AGENT AND 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

\_\_\_\_\_  
Date

8/10/05

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

8/10/05

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