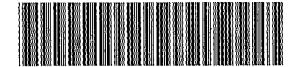
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COVER LETTER

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

SUBJECT:	BRENNAN & DEPA	OLI INC	
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	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 PY REQUIRED
FROM:	JOHN J. R Name 402 BRANC		PNE,
	JACK.SONVILLE City,	, 74 3225(State & Zip	· · · · · · · ·
	904 645 - Daytime T	6922 elephone number	

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

BRENNAN & DE PAOLI, INCE

ARTICLE I - NAME

The name of the corporation shall be Brennan & DePaoli, Inc.

ARTICLE II – PRINCIPAL OFFICE

The principal office shall be located at 402 Branch Wood Lane, Jacksonville, FL 32256

ARTICLE III - PURPOSE

The purpose of the corporation shall be to provide health care related services and any other lawful activity as described in the State of Florida.

ARTICLE IV - SHARES

The corporation shall be authorized to issue to up 50,000 shares of stock.

ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

John J. Rovedo, President

ARTICLE VI – REGISTERED AGENT

John J. Rovedo 402 Branch Wood Lane Jacksonville, FL 32256

ARTICLE VII – INCORPORATOR

John J. Rovedo 402 Branch Wood Lane Jacksonville, FL 32256

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

Xohu J. Roudo

10/31/05 Date

Market State of State