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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

Emerald Coast Medicine Corp.

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12/27/2005

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Emerald Coast Medicine Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Emerald Coast Medicine Corp.

PO Box 1261

Port St. Joe, FL 32457

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TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Wayne Blevins

587 Plantation Drive

Port St. Joe, FL 32456

Prepared By:

Bruce B. Hubbard

77 East John St.

Hicksville, New York 11801

1-516-935-3940

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Wayne Blevins - President
587 Plantation Drive
Port St. Joe, FL 32456**

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Wayne Blevins
587 Plantation Drive
Port St. Joe, FL 32456**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21st day of December 2005.



Wayne Blevins - Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Emerald Coast Medicine Corp.**

2. The name and address of the registered agent and office is:

Wayne Blevins

Name

587 Plantation Drive

(P.O. Box or Mail Drop Box NOT Acceptable)

Port St. Joe, FL 32456

(City / State / Zip)

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TALLAHASSEE, FLORIDA

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



Wayne Blevins
SIGNATURE

December 21, 2005

(Date)