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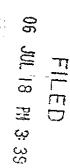
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# **COVER LETTER**

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

SUBJECT: MAIN STREET (PROPOSED CORPORA)	EDICAL  ENAME-MUST INCL	V.S.A. Income		
, (333, 232, 233, 234, 234, 234, 234, 234,				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM: DR. STEPHEN A. STEFANO, M.D.				
11734 Month Dals Mabny				
TAMPA, FL 33618 City, State & Zip				

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

# ARTICLES OF INCORPORATION

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

## ARTICLE I

The name of the corporation shall be; MAIN STREET MEDICAL USA, Incorporated.

# **ARTICLE II**

The principal place of business and mailing address of this corporation shall be; 1 DALE MABRY, TAMPA FLORIDA 33618

### ARTICLE III

The purpose of this corporation is to engage in all legal business affairs.

### **ARTICLE IV**

The number of shares in the corporation shall not exceed one hundred shares.

### ARTICLE V

The name of the President/Secretary/Director is DR. STEPHEN A. STEFANO, M.D.

### **ARTICLE YI**

The name and Florida street address of the initial registered agent is: DR. STEPHEN A. STEFANO, M.D. 11734 NORTH DALE MABRY, TAMPA, FLORIDA 33618

### **ARTICLE VII**

The name and address of the incorporator to these Articles of Incorporation is; DR. STEPHEN A. STEFANO, 11734 NORTH DALE MABRY, TAMPA, FLORIDA 33618

Signature/Incorporator

MARCH 15, 2006 A.D.

Date

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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

MARCH 15, 2006 A.D.

Date