

APR. 2. 2008 1:09PM

Capital Connection, Inc.

CAPITAL CONNECTION

NO. 5542 P. 1/4

PO BOX 34366

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
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DIVISION OF CORPORATION

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FLORIDA PROFIT/NON PROFIT CORPORATION

Bowen Practice Management, Inc.

Certificate of Status	0
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4/3/08

ARTICLES OF INCORPORATION OF

Bowen Practice Management, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: NAME

The name of the corporation is **Bowen Practice Management, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **2364 Fruitville Road, Sarasota, FL 34237.**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Michael J. Belle, Esquire, 2364 Fruitville Road, Sarasota, FL 34237.**

ARTICLE V: OFFICERS & DIRECTORS


The name and address of the initial Officer and Director of the corporation is:
Gary Bowen Swor, President, 2364 Fruitville Road, Sarasota, FL 34237

ARTICLE VI: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL. 32301.**

The undersigned has executed these Articles of Incorporation this 2nd day of April 2008.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Bowen Practice Management, Inc.

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

Michael J. Belle, Esquire, 2364 Fruitville Road, Sarasota, FL 34237

HAVE 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.



Michael J. Belle, Esquire
Registered Agent