

P95000002849

Date 1/6/95

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

Re: Fountainhead Consulting Services
(name of corporation)

800001374813
-01/10/95--01068--007
In***122.50 ***122.50

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

John E. Hennighausen
(individual's name)

Fountainhead Consulting Services Inc.
(name of corporation)

95 JAN -9 PM 8:33

SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAILING ADDRESS OF CORPORATION

1220 Park Pointe Lane

Winter Park FL 32789

PHONE

(407) 647-8653
Area Code

Number

Ext.

ARTICLES OF INCORPORATION

of

Fountainhead Consulting Services Incorporated
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Fountainhead Consulting Services Incorporated

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue five hundred shares (500) of one
Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>John E. Homrighausen</u>		
ADDRESS	<u>1220 Park Pointe Lane</u>		
CITY	<u>Winter Park</u>	FLORIDA	ZIP <u>32789</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>Fountainhead Consulting Services Incorporated</u>		
ADDRESS	<u>1220 Park Pointe Lane</u>		
CITY	<u>Winter Park</u>	FLORIDA	ZIP <u>32789</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>John E. Homrighausen</u>		
ADDRESS	<u>1220 Park Pointe Lane</u>		
CITY	<u>Winter Park</u>	STATE <u>Florida</u>	ZIP <u>32789</u>
NAME	<u>Mary Alice Wells</u>		
ADDRESS	<u>1220 Park Pointe Lane</u>		
CITY	<u>Winter Park</u>	STATE <u>Florida</u>	ZIP <u>32789</u>
NAME			
ADDRESS			
CITY		STATE	ZIP

SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 JAN -9 PM 8:33

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME <u>M. Alice Wells</u>			
ADDRESS <u>1220 Park Pointe Lane</u>			
CITY <u>Winter Park</u>	STATE <u>Florida</u>	ZIP <u>32789</u>	
NAME <u>John E. Hornbushman</u>			
ADDRESS <u>1220 Park Pointe Lane</u>			
CITY <u>Winter Park</u>	STATE <u>Florida</u>	ZIP <u>32789</u>	
NAME _____			
ADDRESS _____			
CITY _____	STATE _____	ZIP _____	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 2nd day of January, 1995.

M. Alice Wells (Seal)
John E. Hornbushman (Seal)
 _____ (Seal)

STATE OF FLORIDA)
) SS
 COUNTY OF _____)

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that _____ executed these Articles of Incorporation, that I relied upon the form _____ of identification of the above named person _____ as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL Witness my hand and official seal in the County and State last aforesaid this _____ day of _____, 19____.

Notary Signature _____

Printed Notary Signature _____

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

Fountainhead Consulting Services Incorporated
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1220 Park Pointe Lane
Winter Park, Florida 32789

has named John E. Homighausen
located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

John E. Homighausen
(registered agent)