

TRANSMITTAL LETTER

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

SUBJECT: East Coast Medical Support, Inc.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check
for \$ 122.50 .

FROM:

Marcia J. Mcphee

Name (printed or typed)

2800 NW 56 Ave Suite 102D

Address

Lauderhill, FL 33313

City, State, & Zip

(305) 731-3774

Telephone Number

300001428453
-03/13/95--01111--014
****122.50 ****122.50

Note: Please provide the original and one copy of the Articles.

BROWN MAR 14 1995

ARTICLES OF INCORPORATION

OF

East Coast Medical Support, Inc

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:

East Coast Medical Support, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2800 NW 56 Ave
Suite D102
Ft. Lauderdale, FL 33313

ARTICLE III CAPITAL STOCK

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

10,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Marcia J. McPhee
4740 NW 24 Court #A220
Lauderhill, FL 33313

FILED
95 MAR 13 PM 2:19
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

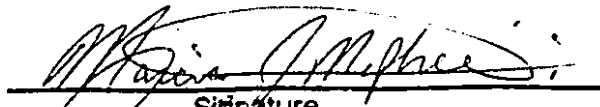
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

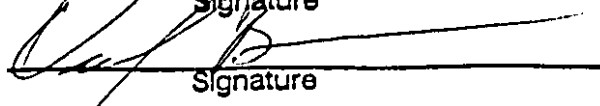
Oral Brown
4510 NW 36 Street #313
Lauderdale Lakes, FL 33319

Marcia J. McPhee
4740 NW 24 Court #A220
Lauderhill, FL 33313

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

30 day of January, 19 95.



Signature


Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned 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: East Coast Medical Support, Inc.

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

Marcia J. Mcphee

(NAME)

2800 NW 56 Ave #D102

(P.O. BOX NOT ACCEPTABLE)

Lauderhill, FL 33313

(CITY/STATE/ZIP)

FILED
55 MAR 13 PM 2:19
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 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

Marcia J. Mcphee

DATE

Jan 30, 1995

REGISTERED AGENT FILING FEE: \$35.00