TRANSMITTAL LETTER

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

SUBJECT: G.G.L. MEDICAL MANAGEMENT, INC..

(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 70.00

FROM:

AIC ADMINISTRARIVE CONSULTANTS

Name (printed or typed)

130 ENTERPRISE AVENUE

Address

PALM BAY, FLORIDA 32909

City, State, & Zip

(407) 952-8152

Telephone Number

SIDDOO1505185
-06/02/35--01083--011
******70.00

JUN 1 2 1995 BSB

FILED

95 JUN - 2 AN IO: 37

SECRETARY CONTROL

TALLAMASSY FOR CONTROL

TO STATE OF CONTROL

TO STATE

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

ARTICLES OF INCORPORATION

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SECHICIAL C. SECHOLARISSEE, FLORIDA

OF

G.G.L. MEDICAL MANAGEMENT, 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:

G.G.L. MEDICAL MANAGEMENT, INC

ARTICLE II PRINCIPAL OFFICE

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

2202 BRYAN STREET MELBOURNE, FL. 32901

ARTICLE III CAPITAL STOCK

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

7500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GIL LUKAT: 2202 BRYAN STREET

MELBOURNE, FL. 32901

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to Articles of Incorporation is (are):	these
GIL LUKAT: 2202 BRYAN STREET MELBOURNE, FL. 32901	
The undersigned incorporator(s) has (have) executed these Arts of Incorporation this <u>FIRST</u> day of <u>MAY</u> , 1995.	icles
Signature(a) of Incorporate	or(s)

CERTIFICATE DESIGNATING 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: G.G.L. MEDICAL MANAGEMENT. INC.
- 2. The name and address of the registered agent and office is:

GIL LUKAT

2202 BRYAN STREET
(po box not acceptable)

MELBOURNE, FLORIDA 32901

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE 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)

MAY 1, 1995

DATE