

P95000046049

VIP BUSINESS GROUP, INC.

1500 N. W. 49TH STREET, SUITE 613
FORT LAUDERDALE, FLORIDA 33309

PHONE 305-491-9454

FAX 305-491-9452

TRANSMITTAL LETTER

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

FILED
95 JUN -9 PM 2:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: HAWTHORNE MEDICAL DIAGNOSTICS AND THERAPEUTICS, INC.

I enclose an original and 1 copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$122.50.

Also, I have enclosed a prepaid Federal Express Envelope for Return of the Certified Copy of the Articles.

Sincerely,



Bruce E. Moreland, Jr.

100001510081
-06/09/95--01082--004
****122.50 ****122.50

SPG

ARTICLES OF INCORPORATION

OF

HAWTHORNE MEDICAL DIAGNOSTICS AND THERAPEUTICS, INC.

ARTICLE I NAME

The name of the corporation shall be:

HAWTHORNE MEDICAL DIAGNOSTICS AND THERAPEUTICS, INC.

ARTICLE II PRINCIPAL OFFICE

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

3929 N. Andrews Avenue, Oakland Park, Florida 33309

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 of the par value of \$1.00 each.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Kathleen Gregg

3929 N. Andrews Avenue

Oakland Park, Florida 33309

ARTICLE V INCORPORATOR


The name and street address of the incorporator to these Articles of Incorporation is:

Kathleen Gregg

3929 N. Andrews Avenue

Oakland Park, Florida 33309

The undersigned has executed these Articles of Incorporation this the 30th Day of May, 1995.


Kathleen Gregg, Incorporator

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SECRETARY OF STATE
TALLAHASSEE
FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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: HAWTHORNE MEDICAL DIAGNOSTICS AND THERAPEUTICS, INC.

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

Kathleen Gregg

3929 N. Andrews Avenue

Oakland Park, Florida 33309

Signature: _____

Title: Incorporator

Date: May 30, 1995

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SECRETARY OF STATE
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: _____

Date: 6/2/95