TRANSMITTAL LETTER

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

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SUBJECT: Medi Manager, Inc.
(proposed corporate name)

Enclosed please find an original copy of the Articles of Incorporation for the above corporation and a check in the amount of \$70.00.

FROM: Frederick Campbell
Name

4419 Treehouse Lane, Apt. 22D
Address

Tamarac, Florida 33319
City, State & Zip

(305) 485-1601
Telephone Number

AUG 8 1995 BSB

Note: Additional copy of articles is needed when certified copy is requested.

ARTICLES OF INCORPORATION

OF

MEDI HANAGER, INC.

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

Medi Manager, Inc.



ARTICLE II

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

Medi Manager, Inc. 5975 W. Sunrise Blvd., Suite 211 Sunrise, Florida 33313

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 2000 shares.

ARTICLE IV

The name and address of the initial registered agent is:

Frederick Campbell 4419 Treehouse Lane, Apt. 22D Tamarac, Florida 33319

ARTICLE V

The names and street addresses of the incorporators to these Articles of Incorporation are:

- 1. Donnette A. Rhoden 1248 N. E. 182nd Street North Miami Beach, Florida 33162
- 2. George D. Campbell 4419 Treehouse Lane, Apt. 22D Tamarac, Florida 33319

The undersigned has executed these Articles of Incorporation this 17th day of July, 1995.

Signature/Title President

Signature/Title Sec./Treas.

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.

The	name	of	the	corp	orat	ion	is:	Medi	Manag	er.	Inc.	_
The	name	and	add	ress	of	the	regi	stered	l agen	t an	ıd of:	fice
is:												
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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.

DATE 7/24/75