

(SAMPLE LETTER OF TRANSMITTAL)

Date May 3rd, 1995

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

P95000064199

Re: Boca Injury Center, Inc., Inc.
(name of corporation)

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,



DEAN SPIRELLI
(individual's name)
Dean Spirelli

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-05/05/95--01111--004
****122.50 ****122.50

Boca Injury Center, Inc.
(name of corporation)

MAILING ADDRESS OF CORPORATION

5999 North Federal Highway

Boca Raton FL 33487

PHONE
(305) 972 2255
Area Code Number Ext.

ARTICLES OF INCORPORATION

of

Boca Injury Center, Inc.

(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:

Boca Injury Center, Inc.

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 common stock Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

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

NAME	<u>Boca Injury Center, Inc.</u>		
ADDRESS	<u>5999 North Federal Highway</u>		
CITY	<u>Boca Raton</u>	STATE <u>FLORIDA</u>	ZIP <u>33487</u>

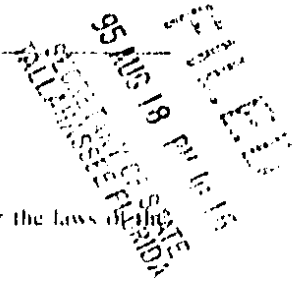
The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>Dean Spirelli</u>		
ADDRESS	<u>18237 Clearbrook Circle</u>		
CITY	<u>Boca Raton</u>	STATE <u>FLORIDA</u>	ZIP <u>33498</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>Dean Spirelli</u>		
ADDRESS	<u>18237 Clearbrook Circle</u>		
CITY	<u>Boca Raton</u>	STATE <u>FL</u>	ZIP <u>33498</u>
NAME	<u>Thomas G. Spirelli</u>		
ADDRESS	<u>20905 La Questa Court</u>		
CITY	<u>Boca Raton</u>	STATE <u>FL</u>	ZIP <u>33428</u>
NAME			
ADDRESS			
CITY		STATE	ZIP



ARTICLE VII - INCORPORATORS

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

NAME	Dean SPIRELLI		
ADDRESS	18237 Clearbrook Circle		
CITY	Boca Raton	STATE	FL ZIP 33498
NAME	THOMAS G. SPIRELLI		
ADDRESS	20905 La Questa Court		
CITY	Boca Raton	STATE	FL ZIP 33428
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 3rd day of May, 1995.

DS (Seal)
Thomas G. Spirelli (Seal)
 _____ (Seal)

STATE OF FLORIDA)
) SS
 COUNTY OF Palm BEach)

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

DS Dean SPIRELLI Personally Known
 Signature Form of Identification
Thomas G. Spirelli Personally Known
 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 they 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) was not taken.

NOTARY RUBBER STAMP SEAL



Witness my hand and official seal in the County and State last aforesaid this 3rd day of May, 1995.

Melanie T. Lettelier
 Notary Signature
MELANIE T. Lettelier
 Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF**

Boca Injury Center, Inc.
(name of corporation)

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FILED
TALLAHASSEE FLORIDA

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 18237 Clearbrook Circle

Boca Raton, FL 33498

has named Dean Spirelli

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.

(signature)
(registered agent)