

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 96 JAN -2 AM 10:52

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME 11:00 CK No. _____

BY WC _____

WALK-IN 1/2 Will Pick Up 11:00

RE: Provider Realty
Corporation

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. Fila		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership Fila		
<input checked="" type="checkbox"/> Foreign Corp. Fila		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. Fila		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S:		
<input type="checkbox"/> Fictitious Name Fila		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> Fila No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone () _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prop.		
<input type="checkbox"/> FAX () _____ pgs.		

200001674752

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****122.50 ****122.50

RECEIVED
 96 JAN -2 AM 9:00
 DIVISION OF CORPORATIONS

SUBTOTALS

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

**ARTICLES OF INCORPORATION
OF
PROVIDER REALTY CORPORATION**

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THE UNDERSIGNED INCORPORATOR, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE ONE
NAME**

1.1 The name of the Corporation is PROVIDER REALTY CORPORATION.

**ARTICLE TWO
DURATION**

2.1 The term of existence of the Corporation is perpetual.

**ARTICLE THREE
PURPOSE**

3.1 The purpose for which the Corporation is organized is to engage in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE FOUR
CAPITAL STOCK**

4.1 The aggregate number of shares which the Corporation has authority to issue is One Hundred (100) shares, all of which shall be common shares with par value of One Dollar (\$1.00).

**ARTICLE FIVE
INITIAL REGISTERED AGENT AND ADDRESS**

5.1 The name of the initial registered agent of the Corporation is STANLEY I. HAND JR. The street address of the initial registered office of the Corporation is 1622 S. Orange Avenue, Orlando, Florida 32806.

**ARTICLE SIX
PRINCIPAL OFFICE**

6.1 The street address of the principal office of the Corporation is 1622 S. Orange Avenue, Orlando, Florida 32806.

6.2 The mailing address of the Corporation is 1622 S. Orange Avenue, Orlando, Florida 32806.

**ARTICLE SEVEN
INCORPORATOR**

7.1 The name and address of the Incorporator is: STANLEY I. HAND JR, 1622 S. Orange Avenue, Orlando, Florida 32806.

**ARTICLE EIGHT
INDEMNIFICATION**

8.1 The Corporation shall have the power to indemnify, to the fullest extent permitted by law, its directors, officers, employees and agents.

**ARTICLE NINE
AMENDMENT OF ARTICLES**

9.1 The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the stockholders is subject to this reservation.

IN WITNESS WHEREOF, I have subscribed my name on December
21, 1995.

Stanley I. Hand Jr.
STANLEY I. HAND JR.
Incorporator

STATE OF FLORIDA

COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 21
day of DECEMBER, 1995, by **STANLEY I. HAND JR.**

Richard C. Migliaccio



RICHARD C. MIGLIACCIO
MY COMMISSION # 0048768 EXPIRES
June 22, 1998
BONDED THRU TROY FARM INSURANCE, INC.

Personally known _____ OR Produced Identification ✓
Type of Identification Produced: Florida Driver's License

Having been named Registered Agent for **PROVIDER REALTY CORPORATION**, I hereby agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.0505, Florida Statutes (1993).

12/21/95
Date

Stanley I. Hand Jr.
STANLEY I. HAND JR.
Registered Agent

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