

P960000001537

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 _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 96 JAN - 5 PM 3:48
 95 JAN - 6 PM 10:21

W96-239

AL JAN - 5 1995

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY _____	_____	_____	_____

WALK-IN Will Pick Up NC 1-4

RE: Invotech, inc.

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

500001678335
 -01/04/96-01014-032
 ***367.50 ***122.50

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 4, 1996

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: INVOTECH, INC.
Ref. Number: W9600000239

We have received your document for INVOTECH, INC. and your check(s) totalling \$367.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 196A00000427

RECEIVED
JAN - 5 PM 11:57
DIVISION OF CORPORATIONS

CORRECTED

~~101 Corsair Drive,~~
~~Suite 103~~

~~Day Beach~~
~~FL~~

32114

**ARTICLES OF INCORPORATION
OF
INVOTECH, INC.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -5 PM 3:40

The undersigned, for the purposes of forming a corporation under the Florida General Corporation Act, Florida Statutes Chapter 607, hereby adopts the following articles of incorporation.

ARTICLE I:

NAME

The name of the corporation shall be **INVOTECH, INC.**

ARTICLE II:

PRINCIPAL OFFICE

The street address of the principal office is 101 Corsair Drive, Suite 103, Daytona Beach, Florida 32114 and the mailing address of the corporation is P.O. Box 290849, Port Orange, Florida 32129.

ARTICLE III:

CAPITAL STOCK AND PAR VALUE

The number of shares that this corporation is authorized to have outstanding at any one time is ten thousand (10,000) shares of common stock. The par value of the stock of the corporation will be par value of One Dollar and 00/100 (\$1.00) per share.

ARTICLE IV:

INITIAL REGISTERED AGENT AND ADDRESS

The street address of the initial registered office of the corporation is 101

Corsair Drive, Suite 103, Daytona Beach, FL 32114, and the names of the initial registered agent at said address is Sharon K. Winters, M.D.

ARTICLE V:

INCORPORATOR

The name and address of the incorporator is Sharon K. Winters, M.D., P.O. Box 290849, Port Orange, Florida 32129.

ARTICLE VI: INITIAL OFFICERS

There shall be three initial officers of the corporation. The names, addresses and title of the officers are:

William C. Winters, M.D., P.O. Box 290849, Port Orange, Florida 32129, who shall serve as President;

Sharon K. Winters, M.D., P.O. Box 290849, Port Orange, Florida 32129, who shall serve as Vice President;

Jeffrey Wyke, M.A., P.O. Box 290849, Port Orange, Florida 32129, who shall serve as Secretary/Treasurer.

ARTICLE VII: FISCAL YEAR

The fiscal year of the corporation shall end at June 30th of each calendar year.

The undersigned has executed these Articles of Incorporation this 3rd day of January 1996.



Sharon K. Winters, M.D.

IN WITNESS WHEREOF, I have subscribed my name this 3rd day of January 1996.

Sharon K. Winters
SHARON K. WINTERS, M.D., Incorporator

STATE OF FLORIDA
COUNTY OF VOLUSIA

BEFORE ME, the undersigned authority, personally appeared SHARON K. WINTERS, M.D., who produced Identification in the form of _____ or is known to me to be the person who subscribed the foregoing Articles of Incorporation and acknowledged that he subscribed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 3rd day of January 1996.



SHERI M. SALLADE
COMMISSION # CC 377057
EXPIRES JUN 7, 1998
BONDED THRU
ATLANTIC BONDING CO., INC.

Sheri M. Sallade
Notary Public, State of Florida

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CERTIFICATE of DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

96 JAN -5 PM 3:48

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: FOUR SEASONS STAFFING, INC.
2. The name and address of the registered agent and office is:

Sharon K. Winters, M.D.

101 Corsair Drive,
Suite 103
Daytona Beach, FL 32114

Sharon K. Winters, M.D.

Sharon K. Winters, M.D.

TITLE: VicePresident and
Secretary/Treasurer

DATE: 1-3-96

Having been named to accept service of process for the above stated corporation at the place designated in this certificate, I hereby agree to 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.

Sharon K. Winters, M.D.

SHARON K. WINTERS, M.D.

DATE: 1-3-96