

TRANSMITTAL LETTER

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

SUBJECT: Medical1, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation
and our check for \$122.50.

FROM: Richard J. Contino
6950 Central Ave, Suite 150
St. Petersburg, FL 33707

600001621556
-01/08/96--01057--016
****122.50 ****122.50

FILED
96 JAN -8 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Contino
1-10-96

ARTICLES OF INCORPORATION

MEDICALL, INC.
(name of corporation)

FILED

The undersigned subscriber(s) to these Articles of Incorporation, being natural persons(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES I - CORPORATE NAME

The name of the corporation is:

MEDICALL, INC.

ARTICLES 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 one hundred shares (100) of one 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 MEDICALL, INC.

ADDRESS 6950 CENTRAL AVE, SUITE 150

CITY ST. PETERSBURG, FLORIDA 33707

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

NAME RICHARD J. CONTINO

ADDRESS 6950 CENTRAL AVE, SUITE 150

CITY ST. PETERSBURG, FLORIDA 33707

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 RICHARD J. CONTINO

ADDRESS 6950 CENTRAL AVE, SUITE 150

CITY ST PETERSBURG STATE FLORIDA ZIP 33707

NAME JEAN CONTINO

ADDRESS 6950 CENTRAL AVE, SUITE 150

CITY ST. PETERSBURG STATE FLORIDA ZIP 33707

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ARTICLE VII - INCORPORATIONS

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

NAME RICHARD J. CONTINO

ADDRESS 6950 CENTRAL AVE, SUITE 150

CITY ST. PETERSBURG STATE FLORIDA ZIP 33707

NAME JEAN CONTINO

ADDRESS 6950 CENTRAL AVE, SUITE 150

CITY ST. PETERSBURG STATE FLORIDA ZIP 33707

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this _____ day of _____, 19_____

[Signature] (Seal)
[Signature] (Seal)
[Signature] (Seal)

Illinois
STATE OF ~~FLORIDA~~
COUNTY OF Kane

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

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that _____ executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have herunto affixed my hand and seal, in the State and County aforesaid, this 2nd day of January, 19 96.

Anissa M. Houghtby (Notary Seal)
(Notary Public, State of Florida at Large)

My Commission expires:

"OFFICIAL SEAL"
ANISSA M. HOUGHTBY
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 3/2/97

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

FILED

96 JAN -8 PM 4:16

CERTIFICATE OF REGISTERED AGENT
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MEDICAL, INC.
(name of corporation)

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 Corporation

at 6950 CENTRAL AVE, SUITE 150

ST. PETERSBURG, FLORIDA 33707

has named RICHARD J. CONTINO

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.



(registered agent)