

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 _____

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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 12 PM 1:16

AL JAN 12 1995

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

WALK-IN Will Pick Up NC 1-12

RE: Certification Health of
Central Florida, Inc.

	C.O. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input checked="" type="checkbox"/> Foreign Corp. File		
<input type="checkbox"/> () Cert. Copy(n)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S.		
<input type="checkbox"/> Fictitious Name File		
<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"/> File 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 Prep. _____		
<input type="checkbox"/> FAX () _____ pgs.		

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
CENTURION HEALTH OF CENTRAL FLORIDA, INC.

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STATE
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ARTICLE I. NAME

The name of the corporation is Centurion Health of Central Florida, Inc.

ARTICLE II. PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office and mailing address of the corporation is 177 Baldwin Square, Fairhope, Alabama 36532.

ARTICLE III. AUTHORIZED SHARES

The corporation is authorized to issue 1000 shares of common stock having par value of \$0.0001 per share. All voting powers of this corporation shall be vested in the common stock above designated.

ARTICLE IV. REGISTERED OFFICE AND REGISTERED AGENT

The initial registered office is Suite 500, 300 First Avenue South, St. Petersburg, FL 33701. The name of the initial registered agent at that address is Zala L. Forizs.

ARTICLE V. INCORPORATORS

The name and address of the incorporator is:

<u>Name</u>	<u>Address</u>
Zala L. Forizs	300 First Avenue South Suite 500 St. Petersburg, FL 33701

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 Bylaws, but shall never be less than one. The names and addresses of the initial directors of the corporation are:

<u>Name</u>	<u>Address</u>
A. Ronald Turner	4140 Montalvo Drive Pensacola, FL 32504
Raymond E. Noonan	2430 Barcelona Ft. Lauderdale, FL 33301

In witness whereof, for the purpose of forming this corporation under the laws of the State of Florida, I, the undersigned, constituting the incorporator of this corporation, have executed these Articles of Incorporation on this 11th day of January, 1996.

Zala L. Forizs
Zala L. Forizs

State of Florida
County of Pinellas

I certify that on this day before me, an officer duly authorized in the above-mentioned state and county to take acknowledgements, personally appeared Zala L. Forizs, known to me to be the person described in and who executed the above instrument and acknowledged before me that he executed the same.

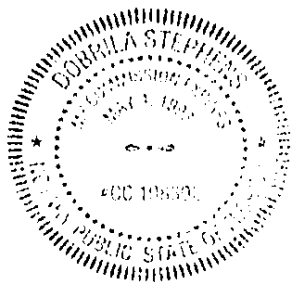
Witness my hand and official seal in the above-mentioned county and state this 11 day of January, 1996.

Dolula Stephens

Notary Public

My Commission expires on 5/4/96.

[Seal]



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE

96 JAN 12 PM 1:16

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 designating the registered office and registered agent in Florida.

1. The name of the corporation is Centurion Health of Central Florida, Inc.
2. The address of the registered office is Suite 500, 300 First Avenue South, St. Petersburg, FL 33701.
3. The name of the registered agent at the registered office is Zala L. Forizs.

CENTURION HEALTH OF CENTRAL FLORIDA, INC.

Having been named as registered agent and to accept service of process for the above-named 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.

Dated: January 11, 1996

Zala L. Forizs
Zala L. Forizs
Suite 500
300 First Avenue South
St. Petersburg, FL 33701