P96000009752

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 : : SUBJECT: _ Island Coast Medical Services, Inc. (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 x \$78.75 \$131.25 \$122.50 Filing Fee Filing Fee Filing Fre Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate Additional Copy Required FROM: Dr. Michael G. Raymond **TTD001700280** -01/29/96--01057--011 *****78.75 *****78.75 Name (printed or typed) 13691 Metro Parkway, Suite 110 Address Ft. Myers, Florida 33912 City, State & Zip 941-768-5077 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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JAN 3 1 1995



January 26, 1996

Florida Department of State Division of Corporations P.O. Box 6327 Tallahasee, Florida 32314

Re: Island Coast Medical Services, Inc.

Dear Sir or Madam:

Please find enclosed the following:

- 1. One (1) Transmittal Letter;
- 2. One (1) Original Articles of Incorporation; and
- 3. Check in the amount of \$78.75 for filing fees.

I respectfully request that you take whatever steps are necessary to incorporate Island Coast Medical Services, Inc. in the State of Florida.

If you have any questions, please do not hesitate to contact me. Thank you for your assistance and cooperation in this matter.

Carolio a. Thuse

Caroline A. Johnson

Enclosures



ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Island Coast Medical Services, Inc. .

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13691 Metro Parkway Suite 110 Ft. Myers, Florida 33912

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

7000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr. Michael G. Raymond 13691 Metro Parkway Suite 110 Ft. Myers, Florida 33912

ARTICLE V INCORPORATOR(S) See Instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

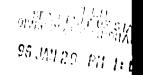
Dr. Michael G. Raymond 13691 Metro Parkway Suite 110 Ft. Myers, Florida 33912

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Dr. Michael J. McCleod (same)

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE



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:
2.	The name and address of the registered agent and office is:
	Dr. Michael G. Raymond
	13691 Metro Parkway, Suite 110 (P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	Ft. Myers, Florida 33912
	(CITY/STATE/ZP)

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

MANJA JOHNATURE) 1/2/96
(DATE)