GORPORATE ACCESS, INC.
1116-D THOMASVILLE RD
(Fig. 17-01)
(904) 222-2666

(Address)

(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NA	ME(s) & DOCUMENT NUMB	ER(S) (if known):
1OC	DRS Direct	CARO CliNica Inc
2.		(Dodument #)
(Corpor	ation Name)	(Document #)
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Walk in	Pick up time 2/2//94	(Document #)  Quertified Copy
Mail out	Will wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	96 FEB 21
V Profit	Amendment	20 电影
NonProfit	Resignation of R.A., Officer/Dir	rector 5, 22
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	# 9 16
Other	Merger	rector
OTHER FILINGS	REGISTRATION/	~
Annual Report	QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Reinstatement	D. BROWN FEB 2 1 1996
	Trademark	1 2 2 1 1770

Other

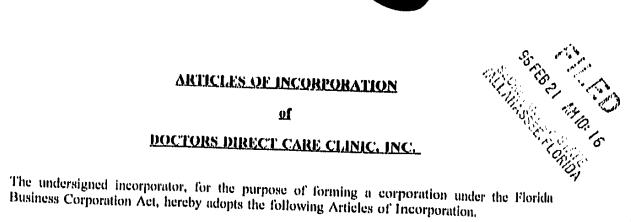
CR2E031(10/92)

Examiner's Initials

### ARTICLES OF INCORPORATION

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## DOCTORS DIRECT CARE CLINIC, INC.



#### <u> ARTICLE I - NAME</u>

The name of the corporation shall be:

DOCTORS DIRECT CARE CLINIC, INC.

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: Delta Thermal Corp., 3201 West Nine Mile Road, Pensacola, FL 32534.

### <u> ARTICLE III - CAPITAL STOCK</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 shares of common stock at no par value.

# ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: Howard White, Delta Thermal Corp., 3201 West Nine Mile Road, Pensacola, FL 32534.

#### ARTICLE V - DIRECTOR(S)

The name(s) of the director(s) is(are): Ann L. White.

### **ARTICLE VI - INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is: Stephen D.M. Robinson, Esquire, Suite 300A, Two Greenville Crossing, 4001 Kennett Pike, Wilmington, Delaware 19807.

The undersigned has executed these Articles of Incorporation this 14th day of February, 1996.

STEPHEN D.M. ROBINSON, ESQUIRE,

Incorporator

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# CERTIFICATE CF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 of 817.0501, 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

1. The name of the corporation is: DOCTORS DIRECT CARE CLINIC, INC.
2. The name and address of the registered agent and office is:
HOWARD WHITE
DELTA THERMAL CORP.
3201 WEST NINE MILE ROAD
(P.O. Box not acceptable)
PENSACOLA, FL 32534
(City/State/Zip)

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.

(Signature)