# P96000032951

### TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

500001782705 -04/16/96--01120--028 \*\*\*\*131.25 \*\*\*\*131.25

SUBJECT:	DELANI	CLINIC	Inc.		
	(Proposed corporate name - must include suffix)				

for : \$70.00 Filling Fee	\$78.75 Filing Fee & Cortificate	\$122.50 \$131.25  Filing Fee Filing Fee, & Certified Copy & Certificate Additional Copy Required	48 96 50 50 70 50 50 50 50 50 50 50 50 50 50 50 50 50
FROM:		H. WHATLEY (printed or typed)	N IS PHI
	TALLAHAS	Address  SEE, FL 32312  y, State & Zip	PH I2: 23
	Daytime	893 - 8173 Telephone number	John X

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

All lake

#### ARTICLES OF INCORPORATION



96 APR 16 PH 12: 20

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:

DELANT CLINIC, INC.

ARTICLE II PRINCIPAL OFFICE

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

1700-1 Unit 4 Halstead Blrd. Ta llahassee, FL 32308

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

DEBRA WHATLEY
1700-1 Unit 4 Halstead Blrd.
Tallahassee, FL 32308

#### 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):

DEGRA H. WHATLEY, DENECTOR 1709 INDEAN TOWN LANE TALLAHASSEE, FL 32912

LANIE BROWN, DIRECTOR P.O. BOX 507 CRAWFORDVILLE, FL 32327

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16 day of April , 19 96.

Lame Brown

Signature

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

\$5 APR 16 PHI2: 23

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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:				
	DELANT CLINIC INC.			
2.	The name and address of the registered agent and office is:			
	DEBEA WHATLEY			
	1700-1 Unity HALSTEPPID BLVD.  (P.O. Box or Mail Drop Box NOT ACCEPTABLE)			
	TALLAHASSEE FL 32308			

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.

Selia: V. Whatley 4/14/94 (DATE)