P9600038297

TRANSMITTAL LETTER

DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

K & L HECHT INC. GERMAN-AMERICAN HEALTHCARE SYSTEMS	200001799422 -04/29/9601092003 ****122.50 ****122.50
(PROPOSED CORPORATE NAME)	####1€€*20 ####1€€*20
ENCLOSED IS AN ORIGINAL AND ONE (I) COPY OF THE ARTICLES OF INCORECTION OF THE ARTICLES OF T	PORATION AND A
FROM:	
Angela sinkoviis	
NAME (PRINTED OR TYPED)	
P.O. BOX 1390	SE IFR
ADDRESS	FILE P 29
LEHIGH, FLORIDA 33970	F 600
CITY,STATE, & ZIP	1: 24
941) 368-5200	u.
TELEPHONE NUMBER	

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

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96 APR 29 PH 1:24

ARTICLES OF INCORPORATION

OF

K&L HECHT INC. GERMAN-AMERICAN HEALTHCARE SYSTEMS

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 L NAME

THE NAME OF THE CORPORATION SHALL BE:

K&L HECHTING GERMAN-AMERICAN HEALTHCARE SYSTEMS

ARTICLE IL PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

723 BENTLY ST. E., LEHIGH, FL 33936

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

ANGELA SINKOVITS 302 LEE BLVD. SUITE 105 LEHIGH, FL 33936

MAILING ADDRESS: P.O. BOX 1390, LEHIGH, FL 33970

ARTICLE V INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

PRESIDENT, SECRETARY	KUNIGUNDE HECHT 723 DENTLY ST. E.
	LEHIGH, FL 33936

VICE-PRES., DR. LUDWIG HECHT 723 BENTLY ST. E. LEHIGH, FL 33936

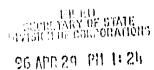
THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 29TH DAY OF NOVEMBER , 1995 .

X Hedst Zungunde

SIGNATURE

X SIGNATURE

ARTICLES OF INCORPORATION



CERTIFICATE OF DESIGNATION OF REGISTERED AGENTYREGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMFET IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

	K& L HECHT INC.
1. THE NAME OF THE CO	
	GERMAN-AMERICAN HEALTHCARE SYSTEMS

2. THE NAME AND THE	ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:
	•
	ANGĘLA SINKOVITS
	(NAME)
	302 LEE BLVD. SUITE 105
	(P.O. BOX NOT ACCEPTABLE)
	LEHIGH, FL 33936
_	(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.

NOVEMBER 29, 1995
(SIGNATURE)