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TRANSMITTAL LETTER

Dopartment of State Division of Corporations P. O. Box 6327 Tallahassoe, FL 32314

		CONSULTANTS, INC		EGUNO 1 55551245 -06/06/9601035012 +++4122,50 ++++122,50
Enclosed is an original		name • must include au		n and a chieck ம
for : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	xxxx \$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required	FILED S JOH -S MIH: 4 LINES, FLORDI
FROM:	John D. Buchanan, Jr. Name (printed or typed)		NOISIVIO NOISIVIO NES	
Wall asharin	Address Tallahassee, FL 32301		or 6 €	
Herry Brejans	City, State & Zip (904) 222–2920 Daytime Telephone number		IVED Ly 10:37 Greoration	

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



ARTICLES OF INCORPORATION OF INCONTINENCE CENTER CONSULTANTS, INC.

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The undersigned, for the purpose of forming a corporation is INCLASSION under the Florida General Corporation Act, adopt the following Articles of Incorporation:

ARTICLE ONE

NAME

1.01. The name of the Corporation is Incontinence Center Consultants, Inc.

ARTICLE TWO

DURATION

2.01. The term of existence of the Corporation is perpetual.

ARTICLE THREE

PURPOSE

3.01. The purposes for which this Corporation is organized is to transact any lawful business for which this Corporation is organized under the laws of the State of Florida.

ARTICLE FOUR

CAPITAL STOCK

4.01. The aggregate number of shares that this Corporation has authority to issue is one hundred (100), all of which shall be common shares with par value of \$0.01 each.

ARTICLE FIVE

PREEMPTIVE RIGHTS

5.01. There are no preemptive rights granted to any Shareholder.

ARTICLE SIX

REGISTERED AND PRINCIPAL OFFICES

- 6.01. The street address of the initial registered office of the Corporation is 117 South Gadsden Street, Tallahassee, Florida 32302, and the name of the initial registered agent at that address is JOHN D. BUCHANAN, JR.
- 6.02. The street address of the principal office of the Corporation is 2972 Medinah Court, Tallahassee, Florida 32312.

ARTICLE SEVEN

DIRECTORS

- 7.01. The initial Board of Directors of the Corporation shall consist of one member.
- 7.02. The name and address of the member of the Board of Directors is:

Name

Address

R. Lawrence Hatchett, M.D. 2972 Medinah Court Tallahassee, Florida 32312

ARTICLE EIGHT

INCORPORATORS

8.01. The names and address of the incorporator is:

Name

Address

John D. Buchanan, Jr., Esq. HENRY, BUCHANAN, HUDSON SUBER & WILLIAMS, P.A. 117 South Gadsden Street Post Office Drawer 1049 Tallahassee, Florida 32302 IN WITNESS WHEREOF, I have subscribed my name at Tallahassee, Florida 32302, on the 5, 1996.

JOHN D. BUCHANAN, JR.

Incorporator

STATE OF FLORIDA COUNTY OF LEON

On this 54 day of June, 1996, before me personally appeared JOHN D. BUCHANAN, JR., known to me to be the person whose name is subscribed to the instrument within, and acknowledges that HE executed the instrument for the purposes contained in the instrument.

IN WITNESS WHEREOF, I sign here and set my official seal.

Code L. Rudd

MY COMMISSION # CC512653 EXPIRES

January 14, 2000

BONDED THRU TROY FAIN DEUTWACE, INC.

Ceda L. Rudd (signature)
(title of officer)
(eda L. Rudd

My commission expires: Jan. 14, 2000

STATE OF FLORIDA

DEPARTMENT OF STATE

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:

INCONTINENCE CENTER CONSULTANTS, INC.

The name and address of the registered agent and office is:

John D. Buchanan, Jr., Esq. HENRY, BUCHANAN, HUDSON SUBER & WILLIAMS, P.A. 117 South Gadsden Street Post Office Drawer 1049 Tallahassee, Florida 32302

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NATIONAL STATE

ACCEPTANCE

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.

JOHN D. BUCHANAN, JR.

Registered Agent

DATE: 45/96