

P96000050824

June 3, 1996

Attn: New Filing Section
Division of Corporations
George Firestone Building
409 East Gaines Street
Tallahassee, FL 32399

Re: Incorporation of ALTERNATIVE HEALTH
CARE SERVICES, INC.

RECORDED 1996 JUN 11 11:13
INDEXED 1996 JUN 11 11:13
FBI - TALLAHASSEE

Dear Sir or Madame:

In regard to the above referenced matter, enclosed are the following:

1. Articles of Incorporation of Alternative Healthcare Services, Inc. (original and one photocopy);
2. Certification of Designation of Resident Agent for Alternative Healthcare Services, Inc. (original and one photocopy); and
3. Check number 2006 made payable to the Florida Secretary of State in the amount of \$70.00.

Please date-stamp the enclosed photocopies of the Articles of Incorporation and the Certification of Designation of Resident Agent and return them to me at the address set forth below:

Anthony J. Scaletta
2355 Meadow Lane
Kissimmee, FL 34744

Should you have any questions regarding this matter, please feel free to contact me at (407) 847-3927. Thank you for your attention to this matter.

Very truly yours,

Anthony J. Scaletta
Anthony J. Scaletta

W96-12102
JUN 6 1996 BSB

JUN 14 1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

June 6, 1996

ANTHONY J. SCALETTA
2355 MEADOW LANE
KISSIMMEE, FL 34744

SUBJECT: ALTERNATIVE HEALTHCARE SERVICES, INC.
Ref. Number: W96000012102

We have received your document for **ALTERNATIVE HEALTHCARE SERVICES, INC.** and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 736A00028453

June 12, 1996

Attn: New Filing Section
Division of Corporations
George Firestone Building
409 East Gaines Street
Tallahassee, FL 32399

Re: Incorporation of OPTIMAL HEALTH
CARE SERVICES, INC.

Dear Sir or Madame:

In regard to the above referenced matter, enclosed are the following:

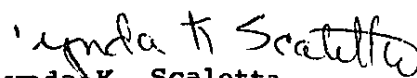
1. Articles of Incorporation of Optimal Healthcare Services, Inc. (original and one photocopy);
2. Certification of Designation of Resident Agent for Optimal Healthcare Services, Inc. (original and one photocopy); and
3. Copy of letter indicating the previous selected corporation name was not available. (Letter Number: 796A00028453)

Please date-stamp the enclosed photocopies of the Articles of Incorporation and the Certification of Designation of Resident Agent and return them to me at the address set forth below:

Lynda K. Scaletta
2355 Meadow Lane
Kissimmee, FL 34744

Should you have any questions regarding this matter, please feel free to contact me at (407) 847-3927. Thank you for your attention to this matter.

Very truly yours,


Lynda K. Scaletta

**ARTICLES OF INCORPORATION
OF
OPTIMAL HEALTHCARE SERVICES, INC.**

FILED
96 JUN 13 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1

NAME

The name of this Corporation is Optimal Healthcare Services, Inc.

ARTICLE 2

PRINCIPAL PLACE OF BUSINESS

The principal place of business of this Corporation shall be 7616 Southland Boulevard, Suite 114, Orlando, Florida 32809.

ARTICLE 3

MAILING ADDRESS

The mailing address of this Corporation shall be Post Office Box 691023, Orlando, Florida 32869.

ARTICLE 4

PURPOSES AND POWERS

This Corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE 5

CAPITAL STOCK

The aggregate number of shares which this Corporation shall have authority to issue is One Thousand (1,000) shares of Common Stock, having a par value of ONE DOLLAR (\$1.00) per share, which shares of Common Stock, as a class, shall have unlimited voting rights and are entitled to receive the net assets of this Corporation upon dissolution.

ARTICLE 6

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is 7616 Southland Boulevard, Suite 114, Orlando, Florida 32809, and the name of the initial registered agent of this Corporation at that address is Lynda K. Scaletta.

ARTICLE 7

INCORPORATOR

The name and address of the person signing these Articles of Incorporation, the Incorporator, is Anthony J. Scaletta.

ARTICLE 8

AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, as provided by law.

The undersigned Incorporator has executed these Articles of Incorporation this 3rd day of June, 1996.

Anthony J. Scaletta
Anthony J. Scaletta, Incorporator

FILED

96 JUN 13 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF
DESIGNATION OF REGISTERED AGENT
FOR
OPTIMAL HEALTHCARE SERVICES, INC.**

Pursuant to Section 607.0505, Florida Statutes, the following is submitted:

OPTIMAL HEALTHCARE SERVICES, INC., desiring to organize under the laws of the State of Florida, with its registered office as indicated in the Articles of Incorporation, has named Lynda K. Scaletta, located at 7616 Southland Boulevard, Suite 114, City of Orlando, County of Orange, State of Florida, as its registered agent for service of process within this State.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above-stated Corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I accept the duties and obligations as set forth in Section 607.0505, Florida Statutes.

Lynda K. Scaletta
Lynda K. Scaletta