

7/11/96

FLORIDA DIVISION OF CORPORATIONS

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STATE OF FLORIDA
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TALLAHASSEE, FL 32399

FROM: EMPIRE CORPORATE KIT COMPANY
1402 W. MAGLEWOOD
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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: BOULTING HEALTH CARE, P.A.

FAX AUDIT NUMBER: H96000009633

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ARTICLES OF INCORPORATION
OF

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Boulting Health Care, P.A.

ARTICLE II PRINCIPAL OFFICE

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

23 Calle Uno

Keywest, Fl. 33040

ARTICLE III PURPOSE

The purpose of this corporation shall be:

Health Services

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares

\$1.00 par.

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Edmund C.A. Boulting

23 Calle Uno

Keywest, Fl. 33040

Brian Matlin
National Automated
Bookkeeping Inc.
2809 Bird Ave. #124
Coconut Grove, FL 33133
(305) 387-6889

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ARTICLE VI BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

Edmund C.A. Boulting
23 calle Uno
Key west, FL 33040

ARTICLE VII OFFICERS(S)

The name, title and address of the officers of this corporation shall be:

Edmund C.A. Boulting
23 calle Uno
Key west, FL. 33040

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Edmund C.A. Boulting
23 calle Uno
Key west, FL. 33040

The undersigned has(have) executed these Articles of Incorporation this 9th day of July, 1996.

x Edmund Boulting
Incorporator

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.



REGISTERED AGENT

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