P960-0000091

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

900001895969 -07/17/96--01019--008 *****78.75 *****78.75

SUBJECT:lle:	althPath, Inc	ame - must include suffix)		
		py of the articles of incorporation a \$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy & Certificate Additional Copy Required		•
FROM:	Robert P Name	Fielder (printed or typed)		
	13811 Si	13811 Silver Lake Ct.		Fording
Address Fig. 3				
Ft Myers, F1 33912			NH 10: 52 OF STATE TE, FLORID	4a=
City, State & Zip				
		1-4697 Telephone number		
	JUL 18	1996 BSB 196-14991		

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

ARTICLES OF INCORPORATION

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:

HealthPath, Inc.

ARTICLE II PRINCIPAL OFFICE

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

13811 Silver Lake Ct. Ft Myers, Fl 33912



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:

Robert P. Fielder 13811 Silver Lake Ct. Ft Myers, Fl 33912

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):

Robert P. Fielder, President and Treasurer 13811 Silver Lake Ct. Ft Myers, F1 33912

Sherry Fielder, Vice President and Secretary 13811 Silver Lake Ct. Ft Myers, F1 33912

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
15 day of July . 19 96 .
(An additional article must be added if an effective date is requested.)
Signature Signature Signature
Signature

Notarization is not required

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

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 co	rporation is: HealthPath, Inc.	
2. The name and add	ress of the registered agent and office is:	Z. 25 - 15
	Robert P. Fielde	The state of the s
_	(NAME)	- Service of the serv
-	13811 Silver Lak (P.O. Box or Mail Drop Box NOT ACCEPT	
	Ft Myers, Fl 33	~1\··
_	(CITY/STATE/ZIP)	
corporation at the pla agent and agree to ac relating to the proper obligations of my pos	as registered agent and to accept service ace designated in this certificate, I hereby ac at in this capacity. I further agree to comply and complete performance of my duties, and tion as registered agent.	cept the appointment as registered with the provisions of all statutes
Robert P.		