P960000 70854

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority_____ Regular_____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

K. CHESSER AUG 2 6 1996

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	8/26		
TIME	2:30		CK No.
BY	CT		

WALK-IN
Will Pick Up _____ _____

_____ of _____

RE: West Delray Dairy Corker, Inc.

	C.C. FEE.	DISBURSED
___ Capital Express℠		
✓ Art. of Inc. File		
___ Corp. Record Search		
___ Ltd. Partnership File		
✓ Foreign Corp. File		
( ) Cert. Copy(s)		
___ Art. of Amend. File		
___ Dissolution/Withdrawal		
___ C U S.		
___ Fictitious Name File		
___ Name Reservation		
___ Annual Report/Reinstatement		
___ Reg. Agent Service		
___ Document Filing		
___ Corporate Kit		
___ Vehicle Search		
___ Driving Record		
___ Document Retrieval	600001931786 -08/26/96--01016--007 ****122.50	****122.50
___ UCC 1 or 3 File		
___ UCC 11 Search		
___ UCC 11 Retrieval		
___ ___ File No.'s, ___ Copies		
___ Courier Service ___		
___ Shipping/Handling		
___ Phone ( )		
___ Top Priority _____		
___ Express Mail Prep. _____		
___ FAX ( ) pgs.		
___ _____		
SUBTOTALS _____		

96 AUG 26 AM 11:17 FILED FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION

96 AUG 28 AM 11:58 RECEIVED DIVISION OF CORPORATION

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
_____	$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

ARTICLES OF INCORPORATION

OF

West Delray Injury Center, Inc.

FILED
95 AUG 26 PM 2:17
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **West Delray Injury Center, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 7431-32 W. Atlantic Avenue, Delray Bch, FL 33446.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of ($1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Melvin Vidro, 7431-32 W. Atlantic Ave, Delray Beach, FL 33446.

ARTICLE V: INCORPORATOR

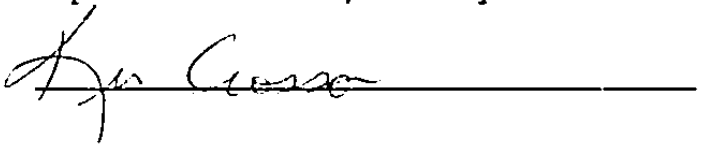
The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is
Melvin L. Vidro - Vice President, 7431-32 W. Atlantic Ave, Delray Bch., FL 33446.
Mark F. Sher - President, 7431-32 W. Atlantic Ave, Delray Bch., FL 33446.

The undersigned has executed these Articles of Incorporation this 26th day of August 1996.

"Capital Connection, Inc. by Kim Crosson, Office Manager"



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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.

FILED
96 AUG 26 PM 2:18

1. The name of the corporation is: WEST DELRAY INJURY CENTER, INC.

2. The name and street address of the registered agent and office is: MELVIN VUDRO
7431-32 W. ATLANTIC AVE
DELRAY BEACH, FL. 33446

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.

Melvin Vudro