

P9600007/827

TRANSMITTAL LETTER

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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 AUG 26 PM 4:15

SUBJECT: EXCEL MEDICAL CLINIC INC
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check
for \$ 122.50

700001933597
-08/27/96--01147--007
****122.50 ****122.50

FROM:

Miriam Portas
Name (printed or typed)
1200 Central Avenue Suite 201
Address
Kissimmee Florida 34741
City, State, & Zip
(407) 348-2269
Telephone Number

Note: Please provide the original and one copy of the Articles.

D. BROWN AUG 28 1996

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 26 PM 4:16

ARTICLES OF INCORPORATION
OF

EXCEL MEDICAL CLINIC INC

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:

EXCEL MEDICAL CLINIC INC
A Corporation to exist in perpetuity and licensed to engage in all
business activities that are legal in the state of Florida.

ARTICLE II PRINCIPAL OFFICE

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

1200 Central Avenue Suite 201
Kissimmee FL 34741

ARTICLE III SHARES

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

100 (one-hundred)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Miriam Portas
1200 N Central Ave Suite #201
Kissimmee FL 34741

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Miriam Portas
1200 Central Ave Suite 201
Kissimmee FL 34741

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22nd day of August, 19 96.



Signature

Signature

Signature

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: EXCEL MEDICAL CLINIC INC

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

Miriam Portus
1200 Central Ave Suite 201

(NAME)

1200 Central Ave Suite 201

(P.O. BOX NOT ACCEPTABLE)

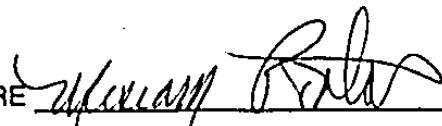
Kissimmee FL 34741

(CITY/STATE/ZIP)

FILED STATE
SECRETARY OF
DIVISION OF
95 AUG 22 PM 4:15

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.

SIGNATURE



DATE Aug 22 1996