

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 \$ _____

RE: Gulf Coast Medical
Consultants, Inc.

	C.C. FEE.	DISBURSED
Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
<input checked="" type="checkbox"/> Photo Copy(s) <u>Photo</u>		
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		
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

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

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
DATE 10/10 _____
TIME _____ CK No. _____
BY _____

WALK-IN Will Pick Up 4:00 2/2



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

October 11, 1996

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE, FL 32301

SUBJECT: GULFCOAST MEDICAL CONSULTANTS, INC.
Ref. Number: W96000021563

We have received your document for GULFCOAST MEDICAL CONSULTANTS, 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 corporate name must be identical throughout the document.

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) 487-6926.

Teresa Brown
Corporate Specialist

Letter Number: 596A00046355

DIVISION OF CORPORATION

96 OCT 11 AM 11:32

RECEIVED

correction!
corrected!

ARTICLES OF INCORPORATION
OF
GULF COAST MEDICAL CONSULTANTS, INC.

FILED
96 OCT 11 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I: Name

The name of this corporation is:

GULF COAST MEDICAL CONSULTANTS, INC.

ARTICLE II: Principal Office

The principal place of business and mailing address of this corporation shall be: 5155 34th Street South No. 136
St. Petersburg, Florida 33711

ARTICLE III: Capital Stock

The maximum number of shares of stock that this corporation is authorized to have outstanding any time shall consist of 10,000 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV: Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

John Bowman
1636 First Avenue North
St. Petersburg, Florida 33713

ARTICLE V: Incorporator

The name and street address of the incorporator to these Articles of Incorporation is:

Lora M. Thompson
2116 Johnson Avenue
Burns, Indiana 37029

The undersigned incorporator has executed these Articles of Incorporation this 6 day of October 1996.


(Signature)

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 corporation is:
Gulf Coast Medical Consultants, Inc.
2. The name and address of the registered agent and office is:

John N. Bowman
1636 First Avenue North
St. Petersburg, Florida 33713

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

10-6-96.
Date

FILED
93 OCT 11 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA