

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 222-1222
 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 \$ _____

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
 DATE _____
 ME _____
 CK No. _____

ALK-IN 10/29/96 12:00
 Pick Up 10/29

RE: David A. Larkin
M.D., P.A.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert-Copy(s) <u>photo</u>		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S.		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone () _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> 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

95 OCT 29 PM 3:03
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
CLIFFORD A. LAKIN, M.D., P.A.

FILED
96 OCT 29 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation, hereby forms a corporation under the Laws of the State of Florida.

NAME

The name of the corporation shall be Clifford A. Lakin, M.D., P.A.

PURPOSE

The corporation may engage in the following activities:
the practice of medicine
or any other activity or business permitted under the the laws of the State of Florida.

SHARES

The maximum number of Common Stock outstanding at any one time shall be 100 shares, all of one class, with nominal or par value of \$ 1.00.

INITIAL CAPITALIZATION

The corporation will begin business with the sum of \$ 100.00 capital, all of which sums have been paid in full by the subscriber(s) hereto.

EXISTENCE

The corporation shall have perpetual existence.

PRINCIPAL PLACE OF BUSINESS

The principal place of business of the corporation shall be

at 4640 N. Federal Highway, Suite D, Fort Lauderdale, Florida 33308, with the privilege of having branch offices at any other place.

RESIDENT AGENT

The Resident Agent for service shall be Arlene Lakin, Esq.

DIRECTORS

The number of directors of this corporation shall be not less than one (1) nor more than seven (7). The name(s) and post office address(es) of the persons who shall constitute the first Board of Directors is/are as follows:

Clifford A. Lakin, M.D.
4640 N. Federal Highway, Suite D
Fort Lauderdale, Florida 33308

SUBSCRIBER(S)

The names, post office address and number of shares subscribed to each subscriber of this Certificate of Incorporation is/are as follows:

<u>NAME</u>	<u>ADDRESS</u>	<u>NO. OF SHARES</u>
Clifford A. Lakin, M.D.	4640 N. Federal Hwy. Suite D Fort Lauderdale, Fl. 33308	100

GENERAL

No contract or other transaction between this corporation and any other corporation shall be affected or invalidated by the fact that any one or more of the Directors of this corporation is, or are, interested in, or are directors or officers of such other corporation.

IN WITNESS WHEREOF, I/we have hereunto set my/our hand(s)

this 28 day of October, 1996.

Clifford A. Lakin M.D.
CLIFFORD A. LAKIN, M.D.

STATE OF FLORIDA)

COUNTY OF BROWARD)

Before me, the undersigned authority, appeared CLIFFORD A. LAKIN, M.D., who, after being duly sworn, upon oath did state that he executed the foregoing instrument for the purposes set forth therein.

Sworn to and subscribed before me this 28 day of Oct., 1996.

Jody T. Phillips
NOTARY PUBLIC

Identification
Produced: _____

Personally
Known: X



JODY T. PHILLIPS
COMMISSION # CC 654784
EXPIRES APR 8, 1998
BONDED THRU
ATLANTIC BONDING CO., INC.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
SERVICE OF PROCESS WITHIN THIS STATE, NAMING THE
RESIDENT AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to the statutes of the State of Florida, the following is submitted:

FIRST: That Clifford A. Lakin, M.D., P.A., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation at 4640 North Federal Highway, Suite D, Fort Lauderdale, Florida 33308, has named Arlene Lakin, Esq., whose office is located at 7344 W. Atlantic Boulevard, Margate, Florida 33063, as its agent to accept service of process within the State of Florida.

ACKNOWLEDGMENT

I, Arlene Lakin, Esq., having been named to accept service of process for the above corporation, at the place designated in this certificate, hereby accept and agree to act in that capacity, and agree to comply with the provisions of the law relative to keeping open said office.


ARLENE LAKIN, ESQ.

Dated: 10/28/96

lakinc.doc

FILED
96 OCT 29 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA