

PA60000101898

Park Street Medical Clinic Inc.

2420 Jernigan Rd.

Fort Pierce, FL 34945

12/10/96

Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

300002029873--0

-12/16/96--01031--008

****122.50 ****122.50

SUBJECT: Park Street Medical Clinic Inc.

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

FROM: Park Street Medical Clinic Inc.
2420 Jernigan Rd.
Fort Pierce, FL 34945

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 16 AM 11:25

UFW 12-96

**ARTICLES OF INCORPORATION
OF
Park Street 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: Park Street Medical Clinic Inc.

ARTICLE II PRINCIPAL OFFICE

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

Park Street Medical Clinic Inc.
2420 Jernigan Rd.
Fort Pierce, Fl. 34945

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000,000 Shares and \$1.00 par value.

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ARTICLE IV
INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

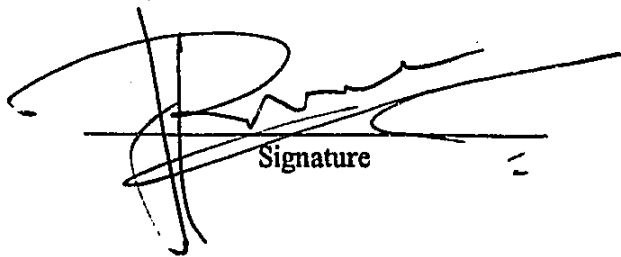
Jorge C. Ravani
2420 Jernigan Rd.
Fort Pierce, Fl. 34945

ARTICLE V INCORPORATOR(S)

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

Jorge C. Ravani
Park Street Medical Clinic Inc.
2420 Jernigan Rd.
Fort Pierce, Fl. 34945

The undersigned INCORPORATOR(s) has (have) executed these Articles of Incorporation this
10 day of December, 1996.


Signature

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

Pursuant to the provision 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 : Park Street Medical Clinic Inc.
2. The name and address of the registered agent and office is:

Jorge C. Ravani
Park Street Medical Clinic Inc.
2420 Jernigan Rd.
Fort Pierce, Fl. 34945

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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: 12/10/96