## Form C. Tarretta Grand G

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

	•		
SUBJECT:	Vet Work H	en 1th Care Cap name - must include su	potal, Inc.
Enclosed is an originator:	ıl and one (1) copy	of the articles of inco	orporation and a check
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
Please return the photocopy to me with the filing date stamped on it.  5000203110512/17/9601113006 ******70.00 *******70.00			
FROM:	Name (r	I Epstein	<u>)                                    </u>
12202 N. 22nd ST #136 Address			
	Tanpa City,	FL 336 State & Zip	1)
	Daytime To	) <u> </u>	SECRE SECRE
			TARY OF STATE

## **Articles of Incorporation**

FILED

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

- The name of the company shall be: Network HealthCare Capital, Inc.
- 2. The principal place of business and mailing address of the corporation is:

12202 North 22nd Street #1136 Tampa, FL 33612

- 3. The Corporation Shall have the authority to issue 1,200 shares of stock at non-par value.
- 4. The registered agent of the corporation is Paul I. Epstein and the registered street address is 12202 North 22nd Street #1136., Tampa Florida 33612
- 5. The initial Board of Directors shall have 1 member whose name and address is as follows: Paul L Epstein, 12202 North 22nd Street #1136, Tampa FL 33612

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Paul I. Epstein whose street address is 12202
North 22nd Street, Tampa Florida 33612

Dated 12/16/96

Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 12/16/96

Registered Agent