

P 97000020857

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

RE: Complete Health
Systems, Inc.

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 \$ _____

Capital Express™	_____	
Art. of Inc. File	_____	
Corp. Record Search	_____	
Ltd. Partnership File	_____	
Foreign Corp. File	_____	
() Cert. Copy(s)	_____	
Art. of Amend. File	_____	
Dissolution/Withdrawal	_____	
C U S-	_____	
Fictitious Name File	_____	
Name Reservation	_____	
Annual Report/Reinstatement	_____	***122.50 ***122.50
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	_____	

DISBURSED
FILED
97 MAR - 6 PM 2:50
TALLAHASSEE, FLORIDA

RECEIVED
97 MAR - 6 PM 2:02
DIVISION OF CORPORATION

FEE.....	\$ 95
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

P. 01-0308K MAR 6 1997

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY <u>AAA</u>	_____	_____	_____

WALK-IN Will Pick Up 3/6/1100

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, 16% per Annum.

THANK YOU
from
Your Capital Connection

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such Corporation:

1. The name of the Company is:

Complete Health Systems, Inc.

2. The mailing address for the corporation shall be 232 Lido Drive, Punta Gorda, Florida 33950.

3. The period of its duration is perpetual.

4. The purpose is to engage in activities or business permitted under the laws of United States and Florida.

5. The corporation shall have authority to issue 5,000 shares, all of one class, \$1.00 par value.

6. The address of it's initial registered office is 201 South Biscayne Boulevard, Suite 1970, Miami, Florida 33131, and the name of its initial registered agent at said address is Eliot C. Abbott.

7. The number of directors constituting its initial board of directors is one (1) whose names and addresses are:

<u>NAME</u>	<u>ADDRESS</u>
Jeanette Rivero	232 Lido Drive Punta Gorda, Florida 33950

8. The name and address of the Incorporator is:

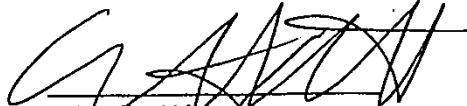
<u>NAME</u>	<u>ADDRESS</u>
Eliot C. Abbott	Kluger, Peretz, Kaplan & Berlin, P.A. 1970 Miami Center 201 South Biscayne Boulevard Miami, Florida 33131-4302

9. Preemptive Rights shall be as follows: The holders of the common stock of this corporation shall have preemptive rights to purchase, at prices, terms and conditions that shall be fixed by the Shareholders, such of the shares of the stock of this corporation as may be issued for money (money, or any property or services) from time to time, in addition to that stock

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TALLAHASSEE, FLORIDA

authorized (and issued) by the corporation. The preemptive right of any holder is determined by the ratio of the authorized (authorized and issued) shares of common stock held by the holder to all shares of common stock currently authorized (authorized and issued).

DATED this ___ day of March, 1997.

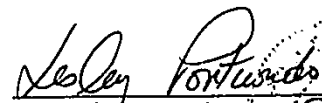

Eliot C. Abbott

STATE OF FLORIDA

COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared Eliot C. Abbott, who is to me personally known to be the person described and who has produced _____ as identification and has subscribed the above Articles of Incorporation, and he did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at Miami, in said County and State, this 5th day of March, 1997.


Print Name: LESLEY PORTUONDO
NOTARY PUBLIC
State of Florida

My Commission Expires:



LESLEY PORTUONDO
My Commission CC493294
Expires Oct. 03, 1999

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

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

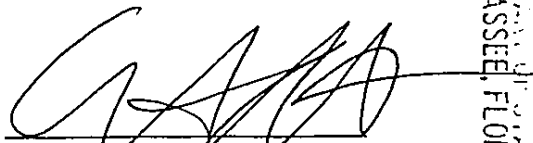
First--that Complete Health Systems, Inc. desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at Miami, County of Dade, State of Florida, has named Eliot C. Abbott, Kluger, Peretz, Kaplan & Berlin, P.A., 1970 Miami Center, 201 South Biscayne Boulevard, Miami, Florida 33131-4302

(Street address and number of building, post office box address not acceptable.)

City of Miami, County of Dade, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.


Eliot C. Abbott

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27 MAR -6 PM 2:50
TALLAHASSEE, FLORIDA