P97000027/86 TRANSMITTAL LETTER

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

4 CHARLES 1 20 (4) (4 -- 3 -- 3 -03/21/97 - 01059 - 010 ******78, 75 ******78, 75

SUBJECT: ME	DICAL AND SCIENTIFIC SI (Proposed corpor	EMINARS. INC. rate name - must include suf	Tix)		_					
Enclosed is an original \$70.00 Filing Fee	and one(1) copy of the article \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	□ \$ Filir Cert	or: 131.25 ng Fee, ified Copy ertificate						
FROM: MEDICAL AND SCIENTIFIC SEMINARS, INC. Name (Printed or typed)										
	Address LM HARBOR, FL 34685 City, State	-		97 MAR 21 PM 12: SECRETAL OF ST TALLAHASSEE, FLO	crarms (presses					
(51	3) 784-4481 Daytime Telepho	one number		OF STATE OF STATE E, FLORIDA						

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

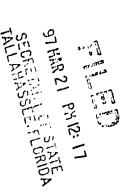
The name of the corporation shall be:

MEDICAL AND SCIENTIFIC SEMINARS, INC.

ARTICLE II PRINCIPAL OFFICE

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

3117 GLENRIDGE DR. PALM HARBOR, FL 34685



ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERT M. HALSELL 3117 GLENRIDGE DR. PALM HARBOR, FL 34685

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

ROBERT M. HALSELL 3117 GLENRIDGE DR. PALM HARBOR, FL 34685

The und	dersigned i	incorporator(s)) has(have) executed these Articles of Incorporation this
17	_ day of _	MARCH	, 19 <u>97</u> .
(An addi	itional arti	cle must be ad	lded if an effective date is requested.)
	•	Rol	leel M. / Jale ff
			Signature /
	_		Signature
			Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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	MEDICAL AND SCIE	NTIFIC SEMINARS, INC.	
2. The name and address of the regis	tered agent and office is	3 :	97 H
א דם שומפ	. HALSELL		
	(NAME)	· · · · · · · · · · · · · · · · · · ·	2
3117 GLEI (P. O. B	NRIDGE DR. lox or Mail Drop Box NO	T acceptable)	PH 12: 17
PALM HARI	BOR, FL 34685 (CITY/STATE/ZIP)		DA
Having been named as registered age at the place designated in this certificate act in this capacity. I further agree and complete performance of my dutie as registered agent.	ate, I hereby accept the to comply with the pro	appointment as registered ag visions of all statutes relating	gent and agree to the proper
Ralent M. 1 In	hell	3/17/97 (DATE)	