

# P97000027299

**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: Best Health Management  
1 Company, 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 \$ \_\_\_\_\_

FILED  
 97 MAR 26 PM 1:31  
 TALLAHASSEE, FLORIDA

AL MAR 26 1997

|                |       |              |          |
|----------------|-------|--------------|----------|
| REQUEST        | TAKEN | CONFIRMED    | APPROVED |
| DATE _____     | _____ | _____        | _____    |
| TIME _____     | _____ | CK No. _____ | _____    |
| BY <u>AAAP</u> | _____ | _____        | _____    |

WALK-IN Will Pick Up 3/26/97

|                             | C.C. FEE. | DISBURSED |
|-----------------------------|-----------|-----------|
| 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 | _____     | _____     |
| 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.                | _____     | _____     |
| <b>SUBTOTALS</b>            | _____     | _____     |

410002124564-2  
 -03/26/97-01194-004  
 \*\*\*\*122.50 \*\*\*\*122.50

|                                |          |
|--------------------------------|----------|
| 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  
 Your Capital Connection

ARTICLES OF INCORPORATION OF  
BESTHEALTH MANAGEMENT I COMPANY, INC.

FILED  
97 MAR 26 PM 1:31  
STATE OF FLORIDA

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:

BestHealth Management I Company, Inc.

**ARTICLE II - PRINCIPAL OFFICE**

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

4270 NW 19th Avenue, Suite D  
Pompano Beach, Florida 33064

**ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Sixty (60) shares at no par value.

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

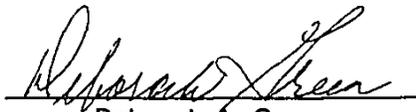
Alan Posner  
4270 NW 19th Avenue, Suite D  
Pompano Beach, Florida 33064

**ARTICLE V - INCORPORATORS**

The name and street address of the incorporator of these Articles of Incorporation is:

Deborah A. Green  
16 Caren Court  
Mt. Kisco, NY 10549

The undersigned incorporator has executed these Articles of Incorporation this 18th  
day of March, 1997.

  
Deborah A. Green

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE OF  
BESTHEALTH MANAGEMENT I COMPANY, INC.

FILED  
97 MAR 26 PM 1:31  
STATE OF FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 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

3. The name of the corporation is:

BestHealth Management I Company, Inc.

4. The name and address of the registered agent and office is:

Alan Posner  
4270 NW 19th Avenue, Suite D  
Pompano Beach, Florida 33064

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.

Alan Posner  
Signature

3/17/97  
Date