P97000028978

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

400002127054--7 -03/28/97--01079--006 *****78.75 ******78.75

SUBJECT:	Emplane	Medical	Manageme	nt Inc.	
	(Proposed corporate name - must include suffix)				

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75 Filing Fee & Certificate

□\$122.50 Filing Fee

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□ \$131.25 Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Kelly Sargent
Name (Printed or typed)

4073 Cannon ct.

Kissimmee Fla 34746 City, State & Zip

(407) 944-0020

Daytime Telephone number

FILED
97 MAR 28 PH 3: 5
SECOND 1 ATE

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

ne 3/21/97

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:

Employee Medical Management Anc.

ARTICLE II PRINCIPAL OFFICE

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

4073 Cannon Ct. Kissimmee, FlA 34746 NAR 28 PH 3:

ARTICLE III SHARES

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

75 Shares to Kelly Spargent

25 Shares to Dr. Carole Early

100 Sharen.

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

> Kelly Sargent 4073 Cannon Ct. Kissimmee, Fla 34746

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):				
Kelly Sargent - President, Vice President,	Treasurer			
4073 Cannon ct.				
Kissimmee, I-la 34746				
Dr. Carole Early - Secretary				
P.O. BOX 120340				

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19 day of March, 19 97.

34712-0340

Clermont, Fla

(An additional article must be added if an effective date is requested.)

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 Employee Medical Y	Management
2. The name and address of the registered agent and office is:	<u> </u>
Kelly Sargent	97 NAI SECKLI TALLAHI
4073 CANNON CT. (P. O. Box or Mail Drop Box NOT ACCEPTABLE)	FILED NAR 28 PN AHASSA
Kissimmee Fla 34746	3: 54 ORIDA

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.

3-19-97 (DATE)