

P9M00003410C

Law Offices

STEPHEN S. GREEN

A PROFESSIONAL CORPORATION

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April 7, 1997

Department of State, Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

800002142128--6
-04/14/97--01084--001
*****52.50 *****52.50

Re: F.O.R.M.E. Medical Center Walk In Clinic, Inc.

800002142128--6
-04/14/97--01084--002
*****70.00 *****70.00

Dear Sir or Madam:

Enclosed please find for filing one original and one copy of the Articles of Incorporation of F.O.R.M.E. Medical Center Walk In Clinic, Inc.
Also enclosed is a check in the amount of \$70.00 as the appropriate filing fee, and a separate check in the amount of \$52.50 for 1 certified copy.

The undersigned hereby requests expedited service for this filing.

Please return the copy, stamped to show the date of filing, to the undersigned.

Very truly yours,

Stephen S. Green
Stephen S. Green

4-16-97
JB

ARTICLES OF INCORPORATION
OF
F.O.R.M.E. MEDICAL CENTER WALK IN CLINIC, INC.

ARTICLE I

The name of the Corporation is F.O.R.M.E. Medical Center Walk In Clinic, Inc.

ARTICLE II

The principal place of business and mailing address of this corporation shall be 27910
U.S. 19 North, Clearwater, FL 34621.

ARTICLE III

The aggregate number of shares which the Corporation has authority to issue is 1,000
shares of common stock with no par value.

ARTICLE IV

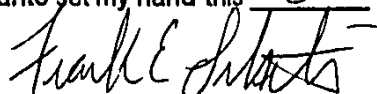
The address of the initial registered office of the Corporation is 27910 U.S. 19 North,
Clearwater, Florida 34621, and the name of the Corporation's initial registered agent for
service of process at such address is Frank E. Liberti.

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation is:
Frank E. Liberti, 27910 U.S. 19 North, Clearwater, FL 34621.

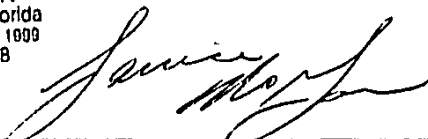
IN WITNESS WHEREOF, I have hereunto set my hand this 8 day of

April, 1997.



Frank E. Liberti
27910 U.S. 19 North, Clearwater, FL 34621

JANICE MCGOWAN
Notary Public, State of Florida
My comm. expires August 10, 1999
Comm. No. CO 487608



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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.

1. The name of the corporation is: F.O.R.M.E. Medical Center Walk In Clinic, Inc.
2. The name of the registered agent and office is:

Frank E. Liberti
27910 U.S. 19 North
Clearwater, Florida 34621

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.

SIGNATURE _____

FRANK E. LIBERTI

DATE _____

4/8/97