

P97000036055



ACCOUNT NO. : 072100000032

REFERENCE : 336251 7127785

AUTHORIZATION : Patricia Pizut

COST LIMIT : \$ 70.00

ORDER DATE : April 18, 1997

ORDER TIME : 2:13 PM

ORDER NO. : 336251-005

CUSTOMER NO: 7127785

500002151195--6

CUSTOMER: Ms. Nancy A. Edwards
NANCY A. EDWARDS

2412 Lakeland Hills Blvd.

Lakeland, FL 33805

DOMESTIC FILING

NAME: NETWORK MEDICAL INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Todd Sterzoy

EXAMINER'S INITIALS: _____

FILED RECEIVED
97 APR 22 PM 3:50
APR 22 PM 3:21
TALLAHASSEE DIVISION OF CORPORATIONS

APR 22 1997

ARTICLES OF INCORPORATION
OF
NETWORK MEDICAL INC.

FILED
97 APR 22 PM 3:50
SEC. OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation, shall be: NETWORK MEDICAL, INC.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2412 Lakeland Hills Blvd., Lakeland, Florida 33805

ARTICLE III. SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares.

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NANCY A. EDWARDS, 2412 Lakeland Hills Blvd., Lakeland, Florida
33805

ARTICLE V. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is : Sandra J. Short, 2412 Lakeland Hills Blvd., Lakeland, Florida 33805 and Nancy A. Edwards, 2412 Lakeland Hills Blvd., Lakeland, Florida 33805

The undersigned incorporator has executed these Articles of Incorporation this 17 day of April, 1997



SANDRA J. SHORT

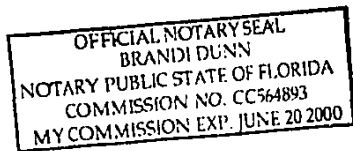


NANCY A. EDWARDS

STATE OF FLORIDA
COUNTY OF POLK

BEFORE ME an officer duly authorized to take acknowledgments appeared SANDRA J. SHORT and
NANCY A. EDWARDS, who was identified to me by a FL. Driver's License and executed the foregoing
document for the purposes therein expressed.

SWORN TO AND SUBSCRIBED before me this 17 day of April, 1997.




NOTARY PUBLIC, State of Florida

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

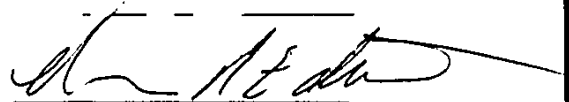
Pursuant to the provisions of Section 607.0501 or 617.0501, Fla. Stat., the undersigned corporation,
organized under the laws of the State of Florida, submits the following statement in designating a Register
Office/Registered Agent, in the State of Florida.

1. The name of the corporation is: NETWORK MEDICAL INC.
2. The name and address of the registered agent and office is:

Nancy A. Edwards
2412 Lakeland Hills Blvd.
Lakeland, Florida 33805

FILED
97 APR 22 PM 3:50
TALLAHASSEE FLORIDA

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 the accept and obligations of my position as
registered agent.



Nancy A. Edwards