Alixan P Request	tor's Name	038736	
City/State/Zip	Phone #	400021577743 -04/29/9701029013 *****70.00 *****70.00 Office Use Only  NUMBER(S), (if known):	
1(Corporation Name) (Document #)			
3. (Corporati	on Name)	(Document #)  (Document #)  (Document #)  (Document #)  (Certified Copy	
Mail out Will wait Photocopy Certificate of Status			
EW FILINGS	AMENDMENTS	The second secon	
Profit	Amendment	Amendment	
NonProfit	Resignation of R.A., Officer/ Director		
Limited Liability	ability Change of Registered Agent		
Domestication	Dissolution/Withdrawal	Dissolution/Withdrawal	
Other	Merger		
OTHER FILINGS Annual Report	REGISTRATION/		
Fictitious Name	Foreign		
Name Reservation	Limited Partnership		
<u> </u>	Reinstatement	MAY 1 - 1997	
<u> </u>	Trademark		
	Other		

Examiner's Initials

### CERTIFICATE OF INCORPORATION

# **OF**

# MEDICAL EDUCATION TRAINING SERVICES, INC.

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

### ARTICLE I

The name of the corporation shall be MEDICAL EDUCATION TRAINING SERVICES, INC.

# **ARTICLE II**

The corporation may engage in any activity of business permitted by the laws of the United States and of the State of Florida.

# **ARTICLE III**

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is ONE THOUSAND (1000) shares of common stock having a par value of ONE DOLLAR (\$1.00) per share.

### **ARTICLE IV**

The amount of capital with which this corporation will begin business shall be the sum of not less than ONE THOUSAND DOLLARS (\$1,000).

# **ARTICLE V**

This corporation shall exist perpetually unless sooner dissolved according to law.

# **ARTICLE VI**

The initial street address of the principal office of the corporation shall be: 1955 South Military Trail, West Palm Beach, FL 33415

### ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than nine (9).

# **ARTICLE VI!!**

The name and address of the members of the first Board of this corporation is as follows:

Sean C. Nixon 1955 South Military Trail West Palm Beach, FL 33415

# ARTICLE IX

The name and street address of the person signing these Articles of Incorporation as subscriber is:

Sean C. Nixon 1955 South Military Trail West Palm Beach, FL 33415

### ARTICLE X

This corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed.

IN WITNESS WHEREOF, the undersigned SEAN C. NIXON, being a natural person, competent to contract, have hereunto set his hand and seal this 25th day of April, 1997.

SEAN C. NIXON

STATE OF FLORIDA COUNTY OF PALM BEACH

BEFORE ME, the undersigned Notary Public of the State of Florida, personally appeared SEAN C. NIXON, to me well known and known to me to be the individual described in and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this 25th day of April, 1997.

NOTARY PUBLIC, State of Florid

Notary State of Florida Public My Comm. Exp. 10/31/99 Comm#: CC503828

My commission expires.

# CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act: FIRST: That MEDICAL EDUCATION TRAINING SERVICES, INC. desiring to organize under the Laws of the State of Florida with its principal offices as indicated in the Articles of Incorporation, in the City of West Palm Beach, County of Palm Beach, State of Florida, has named SEAN C. NIXON, located at 1955 South Military Trail, West Palm Beach, FL 33415, as its agent to accept service within this State.

# **ACKNOWLEDGEMENT**

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

SEAN C. NIXON