

PP97000041416
(SAMPLE LETTER OF TRANSMITTAL)

Date May 5, 1997

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

Re CENTRAL FLORIDA HOUSE DOCTORS, INC
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with a check in the amount of \$70.00.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

400002169264--1
-05/07/97--01053--002
*****70.00 *****70.00

[Signature]

(individual's name)

CENTRAL FLORIDA HOUSE DOCTORS, INC
(name of corporation)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY 7 AM 11:55

MAILING ADDRESS OF CORPORATION		
CENTRAL FLORIDA HOUSE DOCTORS, INC		
P.O. Box 7124		
11 N. LANTANA DR.		
INDIAN LAKE EST., FL 33855		
PHONE		
941, 692-1826		
Area Code	Number	Ext.

ARTICLES OF INCORPORATION

CENTRAL FLORIDA HOUSE DOCTORS, INC
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

CENTRAL FLORIDA HOUSE DOCTORS, INC.

ARTICLE II - DURATION

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

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>CENTRAL FLORIDA HOUSE DOCTORS, INC</u>		
ADDRESS	<u>P.O. Box 7124, 11 N. LANTANA DR</u>		
CITY	<u>INDIAN LAKE ESTATES</u>	FLORIDA	ZIP <u>33855</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>PAULINE ALLEN</u>		
ADDRESS	<u>P.O. Box 7124, 11 N. LANTANA DR</u>		
CITY	<u>INDIAN LAKE ESTATES</u>	FLORIDA	ZIP <u>33855</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>PAULINE ALLEN</u>		
ADDRESS	<u>P.O. Box 7124, 11 N. LANTANA DR.</u>		
CITY	<u>INDIAN LAKE ESTATES</u>	STATE <u>FL</u>	ZIP <u>33855</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY -7 AM 11:55

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	PAULINE ALLEN		
ADDRESS	P.O. Box 7124, 11N. LANTANA Dr		
CITY	INDIAN LAKE ESTATES	STATE	FL ZIP 33855
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 5 day of May, 1997.

[Signature] (Seal)
 _____ (Seal)
 _____ (Seal)

STATE OF FLORIDA)
 COUNTY OF Dade) SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

PAULINE ALLEN

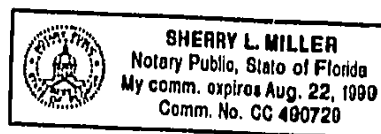
known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that She executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 5th day of May, 1997.

(Notary Seal)

[Signature]
 (Notary Public, State of Florida at Large)

My Commission expires:



CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY -7 AM 11:55

CERTIFICATE OF REGISTERED AGENT

OF

CENTRAL FLORIDA HOUSE DOCTORS, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

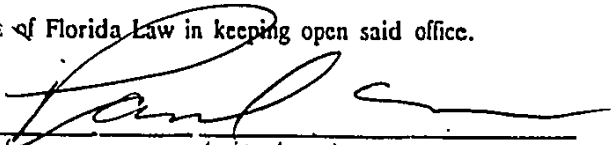
at P.O. Box 7124, 11 N. LANTANA Dr
INDIAN LAKE EST. FL 33855

has named PAULINE ALLEN

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

x 
(registered agent)