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

SUBJECT: SAINT LUCIE HEARING CENTER 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

\$131.25

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Adeline D. Addonizio
Name (Printed or typed)

Name (rinner or types,

Clu Saint Lucie Hearing Center #40

10077 S. Federal Huy

Address

Pt. St. Lucie Fl. 34952 City, State & Zip

561-337-3737

Daytime Telephone number

JUN - 6 1997 AL.

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

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ARTICLES OF INCORPORATION

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

SECRETARIASSEE FLORIDA

ARTICLE I NAME			.,	Inc
The name of the corporation shall be:	Saint	Lucie	Hearing Center	

ARTICLE II PRINCIPAL OFFICE

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

10077 S. Federal Huy. Pt. St. Lucic Fl. 34952

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Adeline D. Addoniziones 40 Sw 22nd ST. Apt B Boca Raton Fl. 33473

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Adeline D. Addonizion 8840 su 22nd ST. Apt B Boca Katon Fl. 73473

Adelise D Adoregeo Signature/Incorporator	6-2-97
Signature/Incorporator	Date

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

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

Melisee M. Melaneleio Signature/Registered Agent	6-2-97
Signature/Registered Agent	Date