- Apodka City/State/Zip	rlak e Citale diress F1 32712 Phone #	ffice Use Only
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
1. Medica Support Services, Inc. (Corporation Name) (Document #)		
2. (Corporation Name) (Document #)		
3. (Corporation)		7 9 m
4. (Corporation		UN 26 H
Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status		
NEW FILINGS	AMENDMENTS	
Profit	Amendment 1	000022239817
NonProfit	Resignation of R.A., Officer/ Director	DOOD22239817 -06/26/9701078004 *****70.00 *****70.00
Limited Liability	Change of Registered Agent	
Domestication Colors	Dissolution/Withdrawal	
Other	Метдет	- •
OTHER FILINGS Annual Report	REGISTRATION/JUN 2 Z QUALIFICATION Foreign	dBSB :
Fictitious Name	Limited Partnership	•
Name Reservation	Reinstatement	
	Trademark	
	Other	<i>:</i>

ARTICLES OF INCORPORATION of MEDICAL SUPPORT SERVICES, INC.

97 JUN 26 AM 10:57
SECRETARY OF STATE TALLAHASSEE FLORIDA

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt the following articles of incorporation

Article One Name

The name of the Corporation is Medical Support Services, Inc.

Article Two Duration

The Corporation shall commence existence as of the date of filing of these articles. The term and existence shall be perpetual.

Article Three Purpose

The Corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

Article Four Capital Stock

The aggregate number of shares which the corporation has the authority to issue is Ten Thousand (10,000) common shares, all of which shall be common shares with a par value of Fifty Cents (\$.50) per share.

Article Five Preemptive Rights Granted

For each shareholder of any class of stock of this Corporation shall be entitled to full preemptive rights to purchase his prorata share of unissued or treasury shares of the Corporation of the same kind, class or series as that which he already holds, and securities of the corporation convertible into or carrying a right to subscribe to or acquire shares of any such unissued or treasury shares at a price at which is offered to others (without the issuance of fractional shares).

Article Six Restriction of Transfer of Stock

Shares held by the initial shareholder may not be resold or otherwise transferred to other persons unless such shares are first offered to the remaining shareholder(s) or to this Corporation. The price and terms at which such shares may be offered and resold shall be determined by an affirmative vote of 3/4 of the outstanding shares of this corporation.

Article Seven Registered Office

The address of the initial registered office of the Corporation is 433 Haverlake Circle, Apopka, Florida, 32712 and the name of the initial Registered Agent at such address is:

Donna Slater

Article Eight Initial Stock Subscribers

The initial stock subscribers to the shares of stock of this Corporation are:

Donna Slater, President and Secretary Deborah Slater, Vice President

Article Nine Management

The business of the Corporation shall be managed by the stockholders of the corporation rather than by a Board of Directors or Officers.

Article Ten Incorporation

The names and address of incorporators are:

Donna Slater 433 Haverlake Circle Apopka, Florida 32712

Deborah Slater 7319 Anstead Circle Lockhart, Florida 32810

Article Eleven Amendments

The Corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation or any amendment hereto, but only by the vote of at least 3/4 of the outstanding shares of this Corporation.

Article Twelve
Principal Office Address

The mailing address of the principal office is:

433 Haverlake Circle Apopka, Florida 32712 IN WITNESS HEREOF, THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 1744 DAY OF 1997.

Dma States

STATE OF FLORIDA COUNTY OF ORANGE

I hereby certify that on this day before me, an officer duly qualified to take acknowledgments, personally appeared Donna Slater, to be known to be the person described in and who executed the foregoing and acknowledged before me that she executed the same for the purposes therein expressed.

Witness my hand and official seal in the county and state last aforesaid this 17th day of ______, 1997.

EDITH M. PAGE
My Comm Exp. 12/08/2000
My Comm Exp. 12/08/2000
My Comm Exp. 12/08/2000
No. CC601601
Personally Known 11 Other LD.

Notary Public

My Commission Expires

Acceptance By Registered Agent

I, Donna Slater, am familiar with and accept the duties and responsibilities as Registered Agent of Medical Support Services, Inc.

Donna Slater

Acceptance By Registered Agent

I, Donna Slater, am familiar with and accept the duties and responsibilities as Registered Agent of Medical Support Services, Inc.

STATE OF FLORIDA COUNTY OF ORANGE

I hereby certify that on this day before me, an officer duly qualified to take acknowledgments, personally appeared Donna Slater, to be known to be the person described in and who executed the foregoing and acknowledged before me that she executed the same for the purposes therein expressed.

Witness my hand and official seal in the county and state last aforesaid this

EDITH M. PAGE My Cumin Exp. 12/08/2000 Boulded by Service la No. CC601601 Personally Known #100mLD

My Commission Expires