797000003053

Date: 7/18/97

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILED
97 JUL 21 AN 8-51
SECRETARY OF STATE
TAIL ANASSEE, FLORIDA

Ro: D'Brien Medical Marketing , Inc.

400002242764--1 -07/21/97--01086--002 ****122.50 ****122.50

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

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,

O'Brien Medical Marketing Inc

Address: 791 SW 5th St.

CITY: Boza Roton

State: 21p: 33486

Phone (SU) 354-7891 Ext.

JN 7-22-97

ARTICLES OF INCORPORATION								
O'Brien Medical Marketing								
(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 5								
The name of the corporation is: Medical Marketine 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 500 shares (500) of 0nc Dollar (\$1.00) par value Common Stock, which shall be designated "Common Shares".								
ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT The principle office, if known, or the mailing address of the corporation is:								
NAME Kimberly Ann D'Brien O'Brien Medical Marketing, She, ADDRESS 791 SW 5th St								
CITY BOTA RATION FLORIDA ZIP 33486								
The name and street address of the Initial Registered Agent of this Corporation is:								
NAME Kimberly Ann O'Brien								
ADDRESS 791 SW 5th St.								
CITY BOZA RATION FLORIDA ZIP 33486								
ARTICLE VI - INITIAL BOARD OF DIRECTORS This corporation shall have								
NAME Keith Eugene O'Brien								
ADDRESS 79 SW 5th St								
CITY BOLA KATIN STATE FT ZIP 33486								
NAME Meshan Mangaret-Marry O'Brien ADDRESS 791 SW 5th St								
CITY BOCA RATION STATE PI ZIP 334B6								
NAME Shannon Collie O'Brien								
ADDRESS TIL SW 5th St.								
CITY BYCA LATYN STATE 1 ZIP 33484 Articles of Incorporation Page 1								

The names and add	AH II presses of the incorpo	rators signing these Articles	HS of Incorporation are as fo	llowe:
NAME KIM	verte Ann O'	Brien		
ADDRESS 791	500 Str (+.		· ·,	
CITY BITTA	Ratin	STATE 1	ZIP 3348	6
			1.0	
NAME		 		
ADDRESS				
CITY		STATE	ZIP	
NAME				
ADDRESS				
CITY		STATE	ZIP	
STATE OF FLORI	y Public authorized to	3	n the State and County set	(Seal) (Seal) forth above,
policos kally capporary	Kimberl	y H. OBru	<u>m</u>	
A CONTRACTOR	1.0	1.2		
acknowledged bef	ore me that 5 160	(e) who executed the forego executed these Article	s of Incorporation.	
/SZ day of	REOF, I have hereur 19 97 (July Seal)	nto affixed my hand and se	al, in the State and County	aforesaid, thi
OFFICIAL NOTA MARY E BO NOTARY PUBLIC STAT COMMISSION NO MY COMMISSION EX	RY SEAL NYD E OF FLORIDA CC299663	(Notary Public, State of Flo My Commission expires:	orida et Large)	

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

Z'W	to:	
SES.	N	
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STATE	വ	

0, B	rien	Med	1 cal	Mar Ke	7h 9	r. Inc.	
			(n	ame of corporati	on) C	, , ,	
Pursuant to Florid	la Statute	s Sections	48.091 ε	and 607.0501, the	follov	vingis submitted: The ab	ove corporation,
desiring to organi	ze under	the laws o	f the State	e of Florida with i	ts regis	stered office as indicated	l in the Articles of
Incorporation at _	79	1 SW	5th	St.			
· · · · · · · · · · · · · · · · · · ·		_		Florida		33486	
has named	Kiml	perly	Ann	O'Brier)		
						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.

egistered agent)