P9700000039 JEFFECTIVE DATE

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

SUBJECT:	Florida Allied Medical Education Service, Inc.				
SUBJECT:	(Proposed corporate name - must include suffix)				
		30	000002265 08/8/37-t	กับสิ่ก -011	
			***** 78.75	***** 18.	
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 & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate		
FROM	Name (Pr				
Address Merritt Island, FL 32952			DIVINION ALL!	FILED	
	(407) 453-5191	City, State & Zip (407) 453-5191 Daytime Telephone number			
	Daytime 1	eteptione number	FLORIDA	FILED	

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

TM-8/14/9>



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.

ARTICLE I NAME

The name of the corporation shall be:

Florida Allied Medical Education Service, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Florida Allied Medical Education Service, Inc. 1605 Neptune Drive Merritt Island, FL 32952

ARTICLE III **SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 shares.

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Carl S. Richardson 1605 Neptune Drive Merritt Island, FL 32952

INCORPORATOR

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

Carl S. Richardson 1605 Neptune Drive Merritt Island, FL 32952

Signature/Incorporator Date

ARTICLE VI **EFFECTIVE DATE**

The effective date of incorporation shall be:

September 1, 1997

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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.

Signature/Registered Agent Date