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9/29/97

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS	FAX #: (850)922-4001
FROM: FAS-T CORP. AGENTS, INC.	ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ	FAX #: (305)716-0346
PHONE: (305)599-0839	
NAME: SOUTHEAST CLINICAL SOLUTIONS, INC.	
AUDIT NUMBER.....H97000016169	
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.	
CERT. OF STATUS..0	PAGES..... 3
CERT. COPIES.....1	DEL.METHOD.. FAX
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ARTICLES OF INCORPORATION
OF

SOUTHEAST CLINICAL SOLUTIONS, INC.

The undersigned incorporator(s), for the purpose of forming corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: SOUTHEAST CLINICAL SOLUTIONS, INC.

The principal place of business of this corporation shall be:
4801 S. University Dr. # 256 Davie, FL 33328

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:
100 shares \$ 1,000.00 per value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

William L. Safron 4801 S. University Dr. # 256 Davie, FL 33328

Prepared by: William L. Safron
4801 S. University Dr. # 256
Davie, FL 33328
(561) 447-4019

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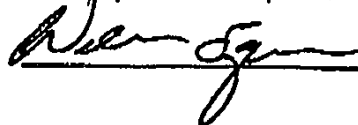
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to this articles of Incorporation is(are):

William L. Safron 4801 S. University Dr. # 256
Davie, FL 33328

IN WITNESS WHEREOF, the undersigned Incorporator(s) has(have) executed these Articles of Incorporation this 29th day of September, 1997.

Signature(s) of Incorporator(s)



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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

SOUTHEAST CLINICAL SOLUTIONS, INC.

2. The name and address of the registered agent and office is:

William L. Safran
(P.O. BOX NOT ACCEPTABLE)

4801 S. University Dr., Suite 256 Davie, FL 33328
(CITY/STATE/ZIP)

SIGNATURE 

TITLE President

DATE 9/29/97

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE 9/29/97

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