## Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: HEALTH MANAGEMENT (ONCE TS, INC.  (Proposed corporate name - must include suffix)							
				40000230 -10/02/97- ****131.2	-01060002		
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :							
S70. Filing F		\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate			
ADDITIONAL COPY REQUIRED							
FROM: BARBARA HARMON Proceed Sing 9							
2647 Emory Dr. West Site B = B TI Address							
WEST Parlin Brath 1 FL 33415-7945 City, State & Zip							
Daytime Telephone number							

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

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ARTICL	ES OF	INCORPOR.	ATION

97 OCT -2 "10: 28

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:

HEARTH MANAGEMENT CONCEPTS, INC

ARTICLE II PRINCIPAL OFFICE

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

(10 B. HARMON, Pres. 2647 Emory Dr. W STEB WESTPALM BEALTH FL 33415-7945

ARTICLE III SHARES

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

800 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

BARDARA HARMON 2603 MOHANK (IRCLE 2003 Toly Beach, FL 33409

ARTICLE V INCORPORATOR

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

BARBARA HARMON 2603 MOHAWK CIRCLE WEST PALM BEART F1 33409

Signature/Incorporator

July 1 1997

(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

Signature/Registered Agent

M. J. 1397
Date