7970000 97428 TRANSMITTAL LETTER

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

600002344916--2 -11/12/97--01085--017 *****78.75 *****78.75

SUBJECT: Healthcare Marketing GROUP, IUC, (Proposed corporate name - must include suffix)

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

\$131.25

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& Certificate

ADDITIONAL COPY REQUIRED

FROM:	J. Lamar	McMich	ael		
		Name (Printed or typed)			

1611 E. Alfred Street
Address

Tavares, FL 32778 City, State & Zip

> 800-894-8309 Daytime Telephone numb

FILED STATE ASSOCIATED ASSOCIATED

9N 11-14-97

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

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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:

Healthcare Marketing Group, IUC,

ARTICLE II PRINCIPAL OFFICE

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

1611 E, Alfred Street, Tavares, FL 32778

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Nancy McMichael 31241 Lochmore Circle Mt Plymouth FL 32776

ARTICLE V INCORPORATOR

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

J. Lamar McMichael, 31241 Lockmore Circle Mt. Plymouth, FL 32776

(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

Nancy McMichael

11-10-97

Date