Penartment of State

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

100002346061--0 -11/13/97--01042--015 *****78.75 *****78.75

		*****78.75 ***
SUBJECT: Fide Li (Proposed	Ty HealTh Corporate name - must include sur	ffix) Presti
Enclosed is an original and one(1) copy of the \$70.00 \$78.75 Filing Fee & Certificate	articles of incorporation and a curve \$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
FROM: YNES W. Pag	ADDITIONAL CO	PY REQUIRED
	~ %	

Y/21 N - 105	Houm 2			
Name (Printed or typed)	15 70 S. W. 13 2	IV	V &	Address
Bo Car Part W	(3348)	Ellip		
City, State & Zip	Con			

John States

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Flo	orida
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

Effective 2/10/98

ARTICLE I NAME

The name of the corporation shall be:

Fidelity HEALTH COXA

27098

ARTICLE II PRINCIPAL OFFICE

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

1570 S.W. 137 Driva Boca Roson Fl. 33486

ARTICLE III SHARES

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

ONe

ARTICLE IV	INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Flor	ida street address of the initial registered agent are:
Yves	N. Petithomme S. W. 13 Drive
1570	S. W. 13 Drive
Boca	Rand P1.33486
ARTICLE V	INCORPORATOR
The name and add	Iress of the incorporator to these Articles of Incorporation are:
YVES	N. PETITHONME OS. W. 13 T Drive RATUN Fl. 33486
157	0 S.W. 137 Drive
Boa	Ratur F1. 33486

(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 11/7/97
Date