P 97 060 101 226 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 STHON 26 IN 8: 30

SUBJECT:	(Proposed corporate name - must include suffix)
	(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 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED	
			:

SOON FORT MOUNTAIN BUILD

FORT LAUNGUSHE FI 33394

City, State & Zip

Daytime Telephone number

F. CHESSER DEC 2 1997

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 Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

AMERICAN CARDIAC CARE,

ARTICLE II PRINCIPAL OFFICE

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

500 EAST BROWNED BLUD., SUITE 1110 FORT LAUDERDAG, FZ. 33394

ARTICLE III SHARES

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

TWENTY-ONE MILLION (21,000,000)

<u>ARTICLE</u> IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

TAMES CUTHISEIRTSON 500 EAST BROWARD BLUD, SUITE 1110 FORT LAUDERLANE, FL. 33394

INCORPORATOR

T. LAUDERLONIE

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

JAMES CUTHBERTSON MICHATE CAULLANS 500 E. BLOWALL BLUD.

HOGAN & HARTSON LLP

555 THIRTEENTH ST., NW

Signature/Incorporator

(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 provision's 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 age

Signature/Registered Agent