2/02/98

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4001

FROM: AL CLARK

ACCT#: 072100000173

CONTACT: AL CLARK PHONE: (813) 393-1766

FAX #: (813)528-7222

NAME: WAUCHULA RURAU HEALTH CLINIC P.A.

AUDIT NUMBER...... H98000002136

DOC TYPE......FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...O

PAGES.....

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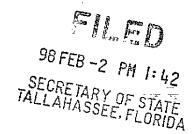
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** ENTER 'M' FOR MENU. **

** INVALID SELECTION...PLEASE RE-ENTER **



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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be

WAUCHULA RURAL HEALTH CLINIC P.A.

ARTICLE II PRINCIPAL OFFICE

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

13018 FIRTH COURT APT, B-23 TAMPA ,FL, 33612

ARTICLE III SHARES

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

1000 SHARES NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: prepared by:

Name: MUHAMMAD ALI

Address:13018 FIRTH COURT APT.B-23. TAMPA, FL. 33612 PH #813-971-5839 Accounting & Tax Help, INC. 8668 PARK BLVD Suite .A SEMINOLE, Fiorida 33777

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MUHAMMADALI 13018 Firth Court Apt. B-23 Tampa, FL, 33612

The undersigned	d incorpor	ator(s) has (have) exec	uted these Articles of Inco	rporation this
2nd	_day of _	February	, 19 <u>98</u>	
(An addit	ional articl	e must be added if an	effective date is requested.)
		10. ill.		
V		Morio		
~ —		Signature	3	

	-	Signature)	
_		Signature	<u> </u>	<u>.</u> .
		Notarization is no		
			,, vd m ron	

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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 is:

WAUCHULA RURAL HEALTH CLINIC P.A.
(PRACTICING MEDICINE)

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

Accounting & Tax Help, INC. (Name)

8668 PARK BLVD., Suite A (P.O. Box not acceptable)

SEMINOLE, Florida 33777 (City/State/Zip) 98 FEB - 2 PM 1: 1.2
SECRETARSEE, FLORIGA

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) PRESIDENT

V Clad DATE 2-2-98 (Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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