

P98000017864  
TRANSMITTAL LETTER

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

700002437997-9  
-02/23/98-01103-011  
\*\*\*122.50 \*\*\*122.50

SUBJECT: MEDICAL NETWORK ASSOCIATES, INC.  
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check  
for \$ 122.50

FROM:

Edwin F. Pryor

Name (printed or typed)

2139 University Drive, Suite 174

Address

Coral Springs, Florida 33071

City, State, & Zip

( 954 ) 345-0767

Telephone Number

FILED  
98 FEB 23 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Note: Please provide the original and one copy of the Articles.

B. BROCK FEB 24 1998

## **ARTICLES OF INCORPORATION**

**OF**

**MEDICAL NETWORK ASSOCIATES, INC.**

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:

MEDICAL NETWORK ASSOCIATES, INC.

### **ARTICLE II PRINCIPAL OFFICE**

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

2139 University Drive, Suite 174  
Coral Springs, Florida 33071

### **ARTICLE III CAPITAL STOCK**

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

100 Shares

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Edwin F. Pryor  
2139 University Drive, Suite 174  
Coral Springs, Florida 33071

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TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

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

Edwin F. Pryor  
2139 University Drive, Suite 174  
Coral Springs, Florida 33071

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17<sup>th</sup> day of February, 19 98.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation

Filing Fee - ~~\$35~~

✓ 12250

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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: MEDICAL NETWORK ASSOCIATES, INC.

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

Edwin F. Pryor

(NAME)

2139 University Drive, Suite 174

(P.O. BOX NOT ACCEPTABLE)

Coral Springs, Florida 33071

(CITY/STATE/ZIP)

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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 

DATE Feb 17, 1998

REGISTERED AGENT FILING FEE: \$35.00 \*12250