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FLORIDA DIVISION OF CORPORATIONS

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FROM: AL CLARK

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CONTACT: AL CLARK

PHONE: (813)393-1766

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(813) 528-7222

NAME: MEDICAL EDUCATION SERVICES OF PINELLAS INC.

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

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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

### MEDICAL EDUCATION SERVICES OF PINELLAS INC.

# 98 MAR -3 PM 1:53 SECRETARY OF STATE TALLAHASSEE FLORID

### ARTICLE II PRINCIPAL OFFICE

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

### 9723 OAK STREET N. E. ST. PETERSBURG ,FL. 33702

### 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: JON FARQUHAR

Address 9723 OAK STREET N.E. :

ST. PETERSBURG, FL. 33702

Accounting & Tax Help, INC. 8668 PARK BLVD Suite .A SEMINOLE, Florida 33777

PH#813-579-0110

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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):

JON FARQUHAR 9723 OAK STREET N.E. ST.PETERSBURG ,FL. 33702

The un	dersigne	d incorpor	ator(s) has (1	iave) execute	d these Articles of Incorpo	ration this
, <u>c</u>	Jug _	_day of _	March	<b></b>	, 19 <u>98</u> .	
(4	An addit	ional articl	e must be ad	dod if an offe	octive date is requested.)	,
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				Signature		

## Notarization is not required

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

PURSUANT 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:
	MEDICAL EDUCATION SERVICES OF PINELLAS INC.

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 MAR -3 PM 1:53
SECRETARY OF STATE TALLAHASSEE FLORIDA

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

DATE 3-3-98

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

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