

Date: 04/20/98

P98000037800

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

Re: Preventive Health Clinic, , Inc.
(name of corporation)

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-04/24/98--01068--007
****122.50 ****122.50

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Calin Pop, MD
(individual's name)

Preventive Health Clinic
(name of corporation)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 24 PM 1:12

MAILING ADDRESS OF CORPORATION

9433 Ruby Falls Court

Brooksville, FL 34606

PHONE

()

Area Code

Number

Ext.

RP
04-2798

ARTICLES OF INCORPORATION

of

Preventive Health Clinic, Inc.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Preventive Health Clinic, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue one thousand shares (1,000) of one Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>Preventive Health Clinic, Inc.</u>		
ADDRESS	<u>9433 Ruby Falls Court</u>		
CITY	<u>Brooksville,</u>	FLORIDA	ZIP <u>34606</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>Calin Pop, MD</u>		
ADDRESS	<u>9433 Ruby Falls Court</u>		
CITY	<u>Brooksville,</u>	FLORIDA	ZIP <u>34606</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>Calin Pop</u>		
ADDRESS	<u>9433 Ruby Falls Court</u>		
CITY	<u>Brooksville,</u>	STATE <u>FL</u>	ZIP <u>34606</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

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ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Calin Pop, MD		
ADDRESS	9433 Ruby Falls Court		
CITY	Brooksville,	STATE	FL ZIP 34606
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 20th day of April, 19 98.

X Calin Pop (Seal)

____ (Seal)

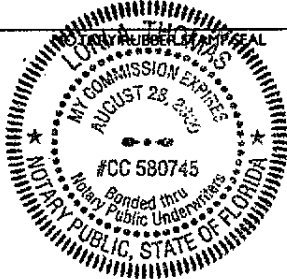
____ (Seal)

STATE OF FLORIDA)
COUNTY OF _____) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

<u>Calin Pop</u> Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that Calin Pop executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath (was)(was not) taken.



Witness my hand and official seal in the County and State last aforesaid this 21st day of April, 19 98.

Lori A. Thomas
Notary Signature
Lori A. Thomas
Printed Notary Signature

*CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT*

CERTIFICATE OF REGISTERED AGENT

OF

Preventive Health Clinic, Inc.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501 the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 9433 Ruby Falls
Brooksville, FL 34606
has named Calin Pop
located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

X Calin Pop
(registered agent)

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