PARAMETERS 193

98 JUN -4 PM 2: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :: **2**\$122.50 \$131.25 \$70.00 \$78.75 Filing Fee Filing Fee, Filing Fee Filing Fee & Certified Copy & Certificate Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: Mark Jeffrey Stepin Name (Printed or typed) 638 Mosters Way Willer

Millenium Health Resources, Inc.
(Proposed corporate name - must include suffix)

NOTE: Please provide the original and one copy of the articles.

P Hali

ARTICLES OF INCORPORATION

FILED JUN -4 PH 2: 22 98

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

SECRETARY OF STATE

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The name of the corporation shall be:

Millenium Health Resources, Inc.

PRINCIPAL OFFICE ARTICLE II

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

638 Masters Way

Palm Beach garders FL 33418

ARTICLE III SHARES

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

10,000 (fer thresport)

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

Mark J. Stepie

638 Masters Way Palm Beach gawlers FL 33418 INCORPORATOR

ARTICLE V

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

Mark J. Slepin

638 Masters Way Palm Bever Gaudins FL 33418

6/4/98

(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 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

Nuch Olysia Signature Registered Agent