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TRANSMITTAL LETTER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JUN 24 PM 2:54

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

800002548308--4  
-06/05/98-01012-001  
\*\*\*\*112.50 \*\*\*\*112.50

SUBJECT: Health Check Services Inc.

I enclose an original and 1 copy of the Articles of Incorporation for the above corporation and a check in the amount of \$112.50.

SIGNED:

*Carole L. Kelly*

800002548308--4  
-06/24/98-01001-022  
\*\*\*\*\*10.00 \*\*\*\*\*10.00

From:

Carole L. Kelly  
Name

390 S. Tyndall Parkway #264  
Address

Panama City Florida 32404  
City State Zip

850 648 4379  
Telephone Number

D. BROWN JUN 24 1998

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ARTICLES OF INCORPORATION  
OF

Health Check Services Inc.

ARTICLE I NAME

The name of the corporation shall be:

Health Check Services Inc.

ARTICLE II GENERAL PURPOSE

The general purpose for which the corporation is organized is for the transaction of any or all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

ARTICLE III PRINCIPAL OFFICE

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

Principal Address:

406 Highway 98  
Mexico Beach, Florida 32410

Mailing Address:

390 S. Tyndall Parkway #264  
Panama City, Florida 32404

#### ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 5,000.

Authorized capital stock may be paid in cash, services or proerty, at a just value to be fixed by the Board of Directors of this corporation at any regular or special meeting.

#### ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

J. Patrick Floyd, Esq.  
408 Long Street  
Port St. Joe, Florida 32456

#### ARTICLE VI DIRECTORS

The corporation shall have two (2) directors initially. The number of directors may be increased or diminished from time to time by the By-laws but shall never be less than one nor more than seven (7).

#### ARTICLE VII INITIAL DIRECTORS

The name and street addresses of the incorporators of these Articles of Incorporation is as follows:

<u>NAME</u>	<u>ADDRESS</u>
Carole L. Kelly	390 S. Tyndall Pkwy, #264, Panama City, FL 32404
John R. Zivnuska	390 S. Tyndall Pkwy, #264, Panama City, FL 32404

ARTICLE VIII INCORPORATOR

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

Carole L. Kelly

390 S. Tyndall Parkway #264

Panama City, Florida 32404

The undersigned has executed these Articles of Incorporation this 26th day of May 1998.

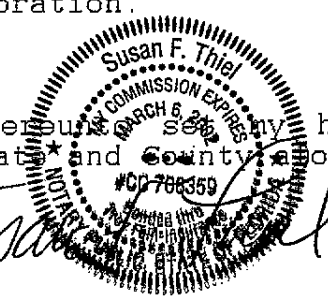
Carole L. Kelly  
Carole L. Kelly, Incorporator.

STATE OF FLORIDA

COUNTY OF BAY

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared Carole L. Kelly known to me and known to me to be the person who executed the foregoing Articles of Incorporation, and has acknowledged before me that she subscribed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 26th day of May, 1998.

  
NOTARY PUBLIC, STATE OF FLORIDA

CERTIFICATE OF DESIGNATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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:

Health Check Services Inc.

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

J. Patrick Floyd, Esq.

408 Long Street

Port St. Joe, Florida 32456

Signature: Carole A. Kelly

Title: President

Date: May 26, 1998

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: J. Patrick Floyd

Date: May 28, 1998