

TRANSMITTAL LETTER

P 980000069576

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

SUBJECT:

Accardi Clinical Services, Inc.  
(Proposed corporate name - must include suffix)

000002607820--4  
-08/05/98--01049--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Accardi Clinical Services Inc.  
Name (Printed or typed)

435 S. RIDGEWOOD AVE.  
Address

DAYTONA BEACH, FLORIDA 32114  
City, State & Zip

(904) 255-5454  
Daytime Telephone number

98 AUG -5 AM 7:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

8-11-98  
AM

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

## 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:

*Accardi CLINICAL SERVICES, Inc.*

### ARTICLE II PRINCIPAL OFFICE

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

435 S. RIDGEWOOD AVE.  
DAYTONA BEACH, FL. 32114

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TALLAHASSEE, FLORIDA

### ARTICLE III SHARES

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

AUTHORIZE 10,000 @ \$1.00 PAR VALUE

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALLEN BELUS  
435 S. RIDGEWOOD AVE.  
DAYTONA BEACH, FLORIDA 32114

**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):

J. Roger Accardi

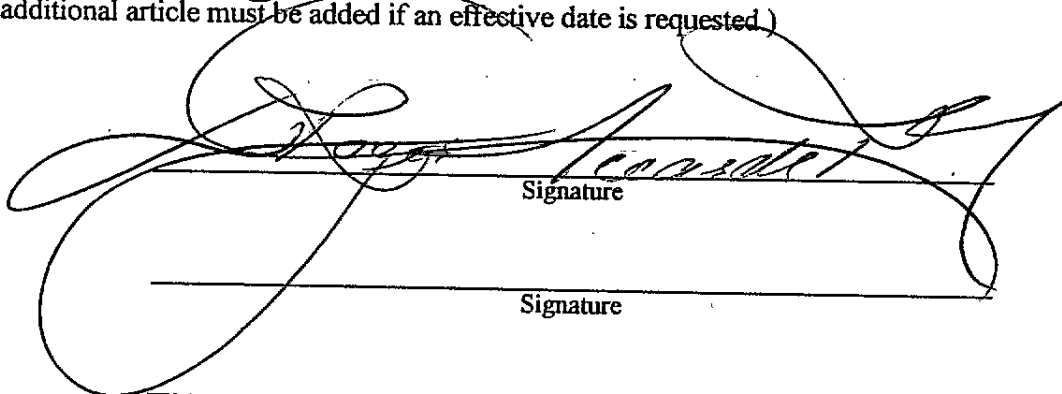
435 S. RIDGEWOOD AVE.  
DAYTONA BEACH, FLORIDA 32114

40 JASMINE DR.  
DEBARY, FLA. 32713

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

1 day of August, 1998.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
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 Accardi Clinical Services, Inc.

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

ALLEN BELUS

(NAME)

435 S. RIDGEWOOD AVE.

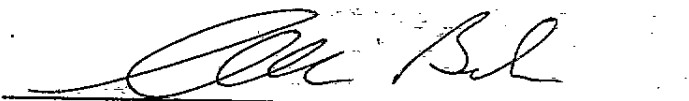
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

DAYTONA BEACH, FL. 32114

(CITY/STATE/ZIP)

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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)

7/15/98

(DATE)