

P98000077849

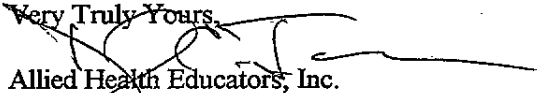
August 25, 1998

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

Dear Sir/Madam:

Please find the original and one copy of articles of incorporation, together with our check for \$122.50. This represents the cost of filing fees, certified copy of articles of incorporation, and fees for registered agent designation for the below named corporation. Thank you.

Very Truly Yours,


Allied Health Educators, Inc.
P.O. Box 120150-0154
West Melbourne, FL 32912

300002632503--2
-09/04/98--01094--008
****122.50 ****122.50

APPROVED
AND
FILED
98 SEP -4 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BROCK SEP 9 1998

ARTICLES OF INCORPORATION

of

Allied Health Educators, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Allied Health Educators, 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 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS		
<u>7640 Northern Oak St.</u>		
CITY <u>West Melbourne</u>	FLORIDA <u>FL</u>	ZIP <u>32904</u>
Mailing address, if different		
STREET ADDRESS		
<u>P.O. Box 120150-0154</u>		
CITY <u>West Melbourne</u>	FLORIDA <u>FL</u>	ZIP <u>32912</u>

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME <u>Les Williams</u>		
ADDRESS <u>7640 Northern Oak St.</u>		
CITY <u>West Melbourne</u>	FLORIDA <u>FL</u>	ZIP <u>32904</u>

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have 2 (two) 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	Les Williams		
ADDRESS	7640 Northern Oak St.		
CITY	West Melbourne	STATE	FL ZIP 32904
NAME	Douglas Jones		
ADDRESS	315 Hamlin Ave.		
CITY	Satellite Beach	STATE	FL ZIP 32937
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VIII - INCORPORATORS

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

NAME	Les Williams		
ADDRESS	7640 Northern Oak St.		
CITY	West Melbourne	STATE	FL ZIP 32904
NAME	Douglas Jones		
ADDRESS	3150 Hamlin Ave.		
CITY	Satellite Beach	STATE	FL ZIP 32937
NAME	Les Williams		
ADDRESS	7640 Northern Oak St.		
CITY	West Melbourne	STATE	FL ZIP 32904

The undersigned incorporator(s) have executed these Articles of Incorporation this Seventh (7th) day of August, 19 98.



LACY M. MINER
My Comm Exp. 5/15/2001
Bonded By Service Ins
No. CC647773

1) Personally Known ~~1) Other~~ ~~1) Other~~

Res. Williams 87-98 (Signature)
S. S. 87-98 (Signature)

(Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

98 SEP -4 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Allied Health Educators, Inc.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 7640 Northern Oak St.
West Melbourne, FL 32904

has named Les Williams or Douglas C. Jones

located at the aforesaid address, as its registered agent to accept service of process within this state.

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]
(Signature)

8/25/98
(Date)