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

40000 \*\*\*\*\*70.00 \*\*\*\*\*70.00

Subject:

PEDIATRICS PLUS, INC.

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$70.00.

FROM:

PEDIATRICS PLUS, INC.

2261 FLETCHER'S POINT CIRCLE

TAMPA, FLORIDA 33613

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## ARTICLES OF INCORPORATION

OF

PEDIATRICS PLUS, INC.

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

ARTICLE 1 NAME

The name of the corporation shall be:

PEDIATRICS PLUS, INC.

ARTICLE II PRINCIPAL OFFICE

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

2261 FLETCHER'S POINT CIRCLE TAMPA, FLORIDA 33613

### ARTICLE III CAPITAL STOCK

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

100,000 SHARES AT \$.10 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

CAROLYN M. ANDREWS 2261 FLETCHER'S POINT CIRCLE TAMPA, FLORIDA 33613

# ARTICLE V INCORPORATOR (S)

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

CAROLYN M. ANDREWS
2261\_FLETCHER'S POINT CIRCLE
TAMPA, FLORIDA 33613

The undersigned has executed these Articles of Incorporation this 15th day of SEPTEMBER, 1998.

ROLYN M ANDREWS, PRESIDENT

# CERTIFICATE OF DESIGNATION 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:

PEDIATRICS PLUS, INC.

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

CAROLYN M. ANDREWS
2261 FLETCHER'S POINT CIRCLE
TAMPA, FLORIDA 33613

Signature

Title:

Date

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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

Date

7-15-98

98 SEP 21 AM ID: 01
SECRETARY OF STATE
TALL AHASSEE FLORINA