

P98000087234

Jessica Frick & Rhonda Lollar  
2524 Clareside Dr.  
Valrico, FL 33594  
813-417-1663

TRANSMITTAL LETTER

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

500002646885--5  
-09/23/98--01027--007  
\*\*\*\*131.25 \*\*\*\*131.25

*Med Adventures, Inc.*

SUBJECT: ~~United Medical Services, Inc.~~

Enclosed is an original and two (2) copies of the articles of incorporation and a check for \$131.25 for the filing fee, a certified copy and a certificate.

From:

Jessica Frick and Rhonda Lollar  
2524 Clareside Dr.  
Valrico, FL 33594  
813-417-1663

FILED  
98 OCT 13 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

③ ~~W98-21963~~  
DNC  
10/13/98



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

September 24, 1998

**JESSICA FRICK AND RHONDA LOLLAR**  
2524 CLARESIDE DRIVE  
VALRICO, FL 33594

**SUBJECT: UNITED MEDICAL SERVICES, INC.**  
Ref. Number: W98000021963

We have received your document for UNITED MEDICAL SERVICES, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6923.

Doris McDuffie  
Corporate Specialist Supervisor

Letter Number: 998A00048327

## ARTICLES OF INCORPORATION

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

### ARTICLE I                      Name

The name of the corporation shall be MedAdventures, Inc.

### ARTICLE II                      Principle Office

The principle place of business and mailing address of this corporation shall be:  
2524 Clareside Drive  
Valrico, FL 33594

### ARTICLE III                      Shares

The number of shares of stock that this cooperation is authorized to have outstanding at any one time is 10,000.

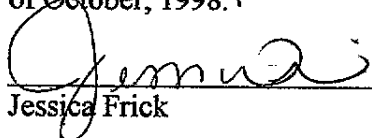
### ARTICLE IV                      Initial registered Agent and Street Address

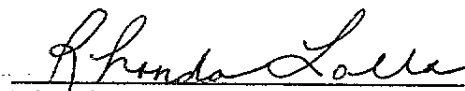
The name and address of the initial registered agent is: Jessica Frick  
2524 Clareside Drive  
Valrico, FL 33594

### ARTICLE V                      Incorporators

The name and street address of the incorporators of these Articles of Incorporation:  
Jessica Frick and Rhonda Lollar  
2524 Clareside Drive  
Valrico, FL 33594

The undersigned incorporators have executed these Articles of Incorporation this 5th day of October, 1998.

  
Jessica Frick

  
Rhonda Lollar

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98 OCT 13 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

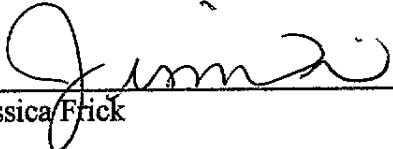
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**FILED**  
98 OCT 13 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA  
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER  
THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
THE DESIGNATING THE REGISTERED OFFICE REGISTERED AGENT, IN  
THE STATE OF FLORIDA**

1. The name of the corporation is: MedAdventures, Inc.
2. the name and address of the registered agent and office is: Jessica Frick  
2524 Clareside Drive  
Valrico, FL 33594

**Having been named as registered agent and to accept this 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 relation to the proper and  
complete performance of my duties, and I am familiar with and accept the  
obligations of my position as registered agent.**

  
\_\_\_\_\_  
Jessica Frick

10/5/98  
\_\_\_\_\_  
Date