9990000	) O I 3 I
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	200027276524 -12/31/9801038010 ******78.75 ******78.75
	rate name - must include suffix)
	EFFECTIVE DATE 1-18-99
Enclosed is an original and one(1) copy of the article	s of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	□\$78.75 □ \$87.50  Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: Mame (P	PRARIC Trinted or typed)
35518 PA	Address
WAYNE City,	1 48184 State & Zip
734-637 Daytime 7	2 - 12/2 Telephone number
	JAN " 4 1999.

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

SHARON

## ARTICLES OF INCORPORATION -- PROFIT CORPORATION

The undersigned incorporator, 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:

Florida, Community Health Plan, Inc.

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ARTICLE II	F	RINCIPAL	O)	FF	Y	CI	Č
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The principal place of business and mailing address of this corporation shall be:

2901 Curry Ford Road Suite 209A Orlando, FL 32806 EFFECTIVE DATE

### ARTICLE III SHARES

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

SIX THOUSAND (67000) SHARES

## <u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address of the initial registered agent are:

Ronald Reese Ruark 2901 Curry Ford Road Ste 209A Orlando, FL 32806

#### ARTICLE V INCORPORATOR

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

Ronald Reese Ruark 35518 Park Street Wayne, MI 48184 (734) 632-1212

Signature/Incorporator

Date

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

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/Registered Agent

Date

Florida Community Health Plan, Inc. Articles of Incorporation – Page 2

# ARTICLE VI EFFECTIVE DATE

The effective date of the corporation shall be January 18, 1999.

Signature/Incorporator

Date