Q 5279

Department of State **Division of Corporations** P. O. Box 6327

January 11, 1999

Tallahassee, FL 32314 *****78.75 *****78.75 Diversified Medical Management, Inc SUBJECT: (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **\$131.25 \$122.50** \$78.75 \$70.00 Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED FROM: Theresa Barrett-Bryant Name (Printed or typed) 5821 Blueberry Court Address Lauderhill, Fl. 33313 City, State & Zip 954-731-8824 Daytime Telephone number

ARTICLES OF INCORPORATION

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:

EFFECTIVE DATE

Diversified Medical Management Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

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

58 21 Blueberry Court, Lauderhill, Fl. 33313

ARTICLE III SHARES

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

! 100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

Theresa Barrett-Bryant 5821 Blueberry Court Lauderhill, FI 33313

ARTICLE V INCORPORATORS

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

The five initial Directors and Officers of the Corporation shall be:

Theresa Barrett-Bryant
Marcia Bynoe
Patricia Edwards
Millicent Elliott
Wendy Kverne
ELA ALARCON-CABRERA

FILED
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ARTICLE VI EFFECTIVE DATE OF INCORPORATION

The effective date of incorporation

January 22, 1999

Theresa Bauett-Bryant	1/6/99
Signature/Incorporator Marcia Blace	Date 1/6/199
Signature/Incorporator	Date 1/6/99
Signature/Incorporator	Date 1-6-99
Signature/Incorporator Wander (KVahus	Date 1/6/99
Signature/Incorporator	Date /- 7 - 9 9
Signature/Incorporator	Date .

Having been name 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