## P9900014016

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

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SUBJECT:	Fe/101A/	1,Benzo Pi	AC, PA	
			TALLAHA	99 FEB
Enclosed is an origin	nal and one(1) copy of the article	es of incorporation and a	check for: SSEE	0 AM 11: 12
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	S87.50 RILL Filing Fee, A Certified Copy & Certificate of	12
		ADDITIONAL CO	Status	-
FROM:	FelieiA A., Name (P	Ben to Printed or typed)		 - -
(A.C. wa)	1309 MIC	chael Ave Address	<u> </u>	
hypicians to the	Deltona City,	Florida, 3 State & Zip	22738	
d 0-50	CANF	4 1772 Telephone number	<u>.</u>	<u>-</u>
AUTHORIZATION BY P CORRECT CAP A	HONE TO		(2)	. <u> </u>
DATE 450	NOTE: Please provide the or	riginal and one conv of	the articles.	r

## 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.

(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

PARTICLE II - Medical Clinical Services