

99000017156

February 18, 1999

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-02/22/99-D1038-005
*****78.75 *****78.75

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

RE: APM Providers, Inc.

Dear Sir/Madam:

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$78.75.

Sincerely,



Evangeline P. Smith
7206 Cypress Cove road
Jacksonville, FL 32244
904/908-8396

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
59 FEB 22 AM 10:10

R. Purinton FEB 23 1999

ARTICLES OF INCORPORATION
OF
APM PROVIDERS, INC.

FILED
SECRETARY OF STATE
JANUARY 22 1999
99 FEB 22 AM 10:10

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

ARTICLE I
Name

The name of the corporation shall be:

APM PROVIDERS, INC.

ARTICLE II
Principal Office

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

**7206 Cypress Cove Road
Jacksonville, Florida 32244**

ARTICLE III
Shares

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

10,000 shares

ARTICLE IV

Initial Registered Agent And Street Address

The name and address of the initial registered agent is:

Evangeline P. Smith
7206 Cypress Cove Road
Jacksonville, Florida 32244

ARTICLE V


Incorporators

The names and street addresses of the incorporators to these Articles of Incorporation are:

Evangeline P. Smith
7206 Cypress Cove Road
Jacksonville, Florida 32244

Cynthia D. Luman
4375 Maywood Drive
Jacksonville, Florida 32277

The undersigned incorporators have executed these Articles of Incorporation this 19th day of Feb., 1999.


Cynthia D. Luman, Incorporator


Evangeline P. Smith, Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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.

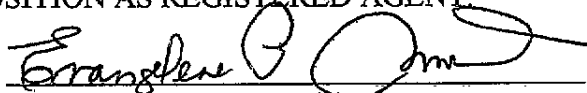
1. The name of the corporation is:

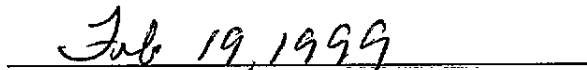
APM Providers, Inc.

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

**Evangeline P. Smith
7206 Cypress Cove Road
Jacksonville, Florida 32244**

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 THE 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.


Evangeline P. Smith


Date

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
99 FEB 22 AM 10:10