

TRANSMITTAL LETTER

P990000031019

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

400002825204--3
-03/31/99--01053--016
*****78.75 *****78.75

SUBJECT: U.S. MEDICAL GROUP (FLORIDA), INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☒ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: MIKE M. MUSTAFOGLU
Name (Printed or typed)

1800 CENTURY PARK EAST, SUITE 600
Address

LOS ANGELES, CA 90067
City, State & Zip

310-229-5722
Daytime Telephone number

99MR31 PH 3:18
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rmc
4/5/99

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

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:

U. S. MEDICAL GROUP (FLORIDA), INC.

ARTICLE II PRINCIPAL OFFICE

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

1405 S. ORANGE, ORLANDO, FL 32806

ARTICLE III SHARES

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

100.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

RICHARD LANGLEY, ESQ.
700 ALMOND STREET
CLAREMONT, FL 34711

ARTICLE V INCORPORATOR

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

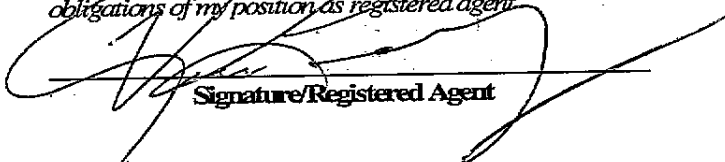
MIKE M. MUSTAFOGLU
C/o Trans Global Financial Corporation
1800 Century Park East, Suite 600, Los Angeles, CA 90067


Signature/Incorporator

3/29/99
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

3/29/99
Date

FILED

99 MAR 31 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA