

TRANSMITTAL LETTER

P99000039909

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

SUBJECT: Clarence Cohen, P.A.
(Proposed corporate name - must include suffix)

900002856489-7
-04/29/99-01069-020
*****78.75 *****78.75

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: One Stop Biz Start, Inc
Name (Printed or typed)

10693 Wilks Rd, #131
Address

Coral Springs, FL 33076
City, State & Zip

813-417-0412
Daytime Telephone number

99 APR 29 PM 1:48
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

B. BROCK MAY 4 1999

ARTICLES OF INCORPORATION

NAME

The name of the corporation is: Clarence Cohen, P.A.

PRINCIPAL OFFICE

The principal office of the corporation is: 5610 SW 8 Court, Plantation, FL 33317

NUMBER OF SHARES

The number of shares the corporation is authorized to issue is 1000 shares with a par value of \$1.00 each.

INITIAL BOARD OF DIRECTORS

The incorporator shall hold an organizational meeting at the call of a majority of the incorporators to elect directors and complete the organization of the corporation, or may take such action without a meeting in writing as provided by law.

PREEMPTIVE RIGHTS

The Shareholders shall have the preemptive right to purchase unissued shares of the corporation.

INCORPORATOR

The name and address of each incorporator is: Clarence Cohen, 5610 SW 8 Court, Plantation, FL 33317

PROFESSIONAL ASSOCIATION

The purpose of this association is to practice medicine.

REGISTERED OFFICE AND AGENT

The street address of the corporation's initial registered agent at that office is as follows: Clarence Cohen, 5610 SW 8 Court, Plantation, FL 33317

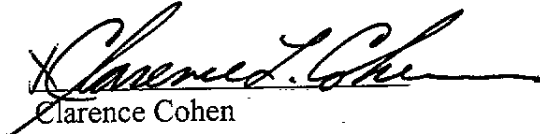
PREPARED BY:

One Stop Biz Start, Inc.
JEFFREY A. ALTIZER
10693 Wiles Rd., Suite 131
Coral Springs, FL 33076
Telephone: (813) 417-0412

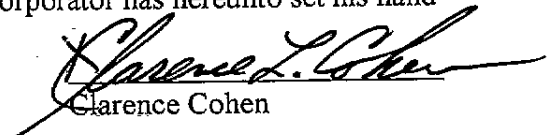
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ACCEPTANCE

The undersigned does hereby accept his appointment as registered agent as set forth above.


Clarence Cohen

IN WITNESS WHEREOF the undersigned incorporator has hereunto set his hand and seal on this ____ day of February 1999.

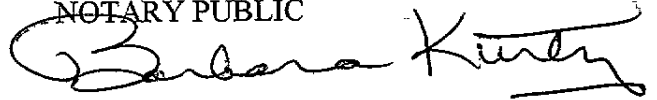

Clarence Cohen

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 27th day of APRIL 1999, by Clarence Cohen, who is personally known to me or who has produced license as identification.

NOTARY PUBLIC



BARBARA KURTZ

Print:



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 APR 29 PM 1:48

FILED