TRANSMITTAL LETTER

P9900054562

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

Tallahassee, FL 323	14					
SUBJECT:	FIRST	CHOICE (Proposed con	HEAUTH porate name - must in	CNTR.	INC	
		(x roposou cos)			0000290 -06/15/99 *****87.!	01009006
Enclosed is an origin	al and one(1)	copy of the arti	cles of incorporati	on and a che	eck 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	
			ADDITION	ADDITIONAL COPY REQUIRED		
FROM	: JAME	ES FITZ	2GERALD			•

ROM:	Name (Printed or typed)								
	595. N	NOVA	RD.	Su	ite 120				
	Address								
	ORMOND	всн.	F	٦	32174				
•	City, State & Zip								
	904 -	677 -	041	O					
		Daytime Tel	ephone nur	nber					

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

TALL.

SECRETARY DE STATE

90 : UN SI NUL 9: 00

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporations act, hereby adopts the following Articles of ARTICLE I NAME The name of the corporation shall be: FIRST CHOICE HEALTH CN ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation.	TR. INC	FILED 99 JUN 15 AM 9: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA
595 N. NOVA RD.		ICH FLA, 32174
ARTICLE III SHARES The number of shares of stock that this corporation is author	rized to have outstanding a	at any one time is:
7,500		
ARTICLE IV INITIAL REGISTERED AGENT The name and Florida street address of the initial registered	AND STREET ADDR	RESS FITZGERALD
S95. N. NOYA RD OF	LWOND BCH. E	LA, 32174
The name and address of the incorporator to these Articles		
JAMES FITZGEKALD 595 N 3	1. NOVA RD OF Wite 120	35117 SWOND BCH Er'
James Titzgerald	6-3	- 99 Date
(An additional article must be added in Having been named as registered agent and to accept service of proceedings of the appointment as registered agent and the provisions of all statutes relating to the proper and complete per	ess for the above stated corpor	ration at the place designated in I further agree to comply with
obligations of my position as registered agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
James Filggerald	6-5	- 9 9 Date
Signature/regustered Agent		