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TRANSMITTAL LETTER

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

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-07/23/99--01037--009
****122.50 *****78.75

SUBJECT: COASTAL HEARING SYSTEMS, INC.

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$122.50.

FROM: Douglas J. Amidon, Attorney At Law
40347 U.S. 19 N, Ste. 115
Tarpon Springs, Florida 34689
(727) 942-8278

99 JUL 23 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TS 7/29/99

ARTICLES OF INCORPORATION

OF

COASTAL HEARING SYSTEMS, INC.

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: COASTAL HEARING SYSTEMS, INC.

ARTICLE II PRINCIPAL OFFICE

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

10124 U.S. 19
Port Richey, FL 34668

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five hundred (500).

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Michael David Murphy
10124 U.S. 19
Port Richey, FL 34668

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ARTICLE V INCORPORATORS

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

Michael David Murphy
8617 Longboat Lane
Hudson, FL 34667

The undersigned has executed these Articles of Incorporation

this 20TH day of JULY, 19 99.

Michael D. Murphy / President
Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 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: COASTAL HEARING SYSTEMS, INC.
2. The name and address of the registered agent and office is:

Michael David Murphy
10124 U.S. 19
Port Richey, FL 34668

SIGNATURE Michael D. Murphy
(corporate officer)

TITLE President

DATE 7-20-99

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 Michael D. Murphy

DATE 7-20-99

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