August 3, 1999

Secretary of State

Division of Corporations

P.O. Box 6327

Tallahassee, Florida

32314

-08/06/99--01025--003 *****70.00 *****70.00

Re: Physician Placement Group, Inc.

Dear Sir:

Enclosed please find herewith the original and one copy of the Articles of Incorporation of the above captioned proposed corporation.

Further, please find enclosed check in the amount of \$70.00 to cover the incorporation fees.

Should there be any need to contact me, I can be reached during the day at (727)786-0934. Your kind and early attention hereto would be greatly appreciated.

Very truly yours,

Cindy Montgomery 1001 Kent-Lane

Palm Harbor, FL 34683

enclosures:

- 1. Articles of Incorporation
- 2. Check in the amount of \$70.00

AUTHORIZATION BY PHONE TO

DOC. EXAN

ARTICLES OF INCORPORATION

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

<u>ARTICLE I</u>

<u>NAME</u>

The name of the corporation shall be:

Physician Placement Group, Inc.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4410 Valiant Court, New Port Richey, FL 34652

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 20,000,000

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Cindy Montgomery, 1001 Kent Lane, Palm Harbor, FL 34683

ARTICLE V

INCORPORATOR

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

Cindy Montgomery, 1001 Kent Lane, Palm Harbor, FL 34683

Signature/Incorporator

Registered Agen

Doto

(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.

SECRETARSEE, FLORIDA

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