P99000084101

LETTER OF TRANSMITTAL

FOR

MEDICAL OF SOUTH FLORIDA , INC.

SEPTEMBER 16, 1999

DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FLORIDA 32314 200002990452--9 -09/20/99--01015--018 *****70.00 ******70.00

SUBJECT: YAK MEDICAL OF SOUTH FLORIDA, INC.

Enclosed is an original and one (1) copy of the Articles of Incorporation and Certificate of Designation of Registered Agent and Registered Office, and a check for \$70.00.

Please process the above, and return the completed documents to me at the following address:

GARY VAN FLORCKE 4851 NW 103 AVENUE, SUITE 44C SUNRISE, FLORIDA 33351

very truly yours,

FLORCKE

B9 SEP 20 AM 8: 12 SECKETARY OF STATE OF ANASSEE, FLORIDA

9/23/99

ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OF

MEDICAL OF SOUTH FLORIDA, INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act does hereby adopt the following Articles of Incorporation:

ARTICLE ONE

NAME OF CORPORATION

The name of the corporation is MM MEDICAL OF SOUTH FLORIDA, INC.

ARTICLE TWO

PRINCIPAL OFFICE

The principal office of the corporation will be 4851 NW 103 Avenue, Suite 44c, Sunrise, Florida 33351.

ARTICLE THREE

<u>PURPOSE</u>

The corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporations Act.

ARTICLE FOUR

INITIAL CAPITAL

The amount of initial capital with which this corporation shall begin business shall be five hundred (\$500.00) dollars.

ARTICLE FIVE

SHARES

The aggregate number of shares which the corporation has authority to issue is 5,000 shares, all of which shall be common shares and shall have a par value of one (\$1.00) dollar.

ARTICLE SIX

TERM OF EXISTENCE

The duration of this corporation is perpetual.

ARTICLE SEVEN

INITIAL REGISTERED AGENT AND ADDRESS

The name of the initial registered agent is GARY VAN FLORCKE. The street address of the initial registered office is 4851 NW 103 Avenue, Suite 44c, Sunrise, Florida 33351.

ARTICLE EIGHT

INCORPORATOR

The name and address of the Incorporator is:

NAME

ADDRESS

GARY VAN FLORCKE

4851 NW 103 AVENUE SUITE 44C SUNRISE, FLORIDA 33351

In witness whereof, I have hereunto set my hand and seal this 16th day of SEPTEMBER, 1999.

GARY VAN FLORCKE

FILED

99 SEP 20 AM 8: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned Corporation, organizing 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 : /// MEDICAL OF SOUTH FLORIDA, INC.
- 2. The name and address of the registered agent and office is:

GARY VAN FLORCKE 4851 NW 103 AVENUE SUITE 44C SUNRISE, FLORIDA 33351

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.

GARY VAN FLORCKE

REGISTERED AGENT

DATE