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**KEELEY, HAYES, DUDLEY, CAPPELLER & MEEKER**

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

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RUSLEY C. MEEKER (1931-1995)

\*Member of Florida and  
Massachusetts Bars

September 28, 1999

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-10/04/99-01081--015

\*\*\*\*122.50 \*\*\*\*\*78.75

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

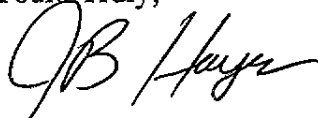
Re: Nurse Practitioner Practice Option, Inc.  
d/b/a Nurse Practitioner Health Watch

To Whom It May Concern:

Enclosed please find the Articles of Incorporation in connection with the above referenced and a check in the amount of \$122.50 representing the filing fee.

If you have any questions, please feel free to contact our office.

Yours Truly,



James B. Hayes

enclosure

JBH:ggs  
corp\secstate.ltr

FILED  
99 OCT -4 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JB  
10-6-99  
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FILED  
99 OCT -4 AM 8:17  
SECRETARY  
TALLAHASSEE  
FLORIDA

**ARTICLES OF INCORPORATION  
OF  
NURSE PRACTITIONER PRACTICE OPTION, INC.**

**Article 1 - Name**

The name of this corporation is NURSE PRACTITIONER PRACTICE OPTION, INC.

**Article 2 - Duration**

This corporation shall exist perpetually commencing on the date of the filing of these Articles of Incorporation with the Department of State.

**Article 3 - Purpose**

This corporation is organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

**Article 4 - Capital Stock**

This corporation is authorized to issue One Thousand (1,000.00) shares of One Dollar (\$1.00) par value common stock which shall be designated "Common Shares".

**Article 5 - Initial Registered Office and Agent**

The street address of the initial registered office of this corporation is:

NURSE PRACTITIONER PRACTICE OPTION, INC.  
5710 Santiago Circle  
Boca Raton, Florida 33433

and the name of the initial registered agent of this corporation at that address is: JOAN FREEDMAN.

**Article 6 - Principal Office and Mailing Address**

The principal office of this corporation is:

5710 Santiago Circle  
Boca Raton, Florida 33433

The mailing address of this corporation is:

5710 Santiago Circle  
Boca Raton, Florida 33433

Article 7 - Management of Corporation by Shareholders

All corporate powers shall be exercised by or under the authority of, the business and affairs of this corporation shall be managed under the direction of, the shareholders of this corporation.

Article 8 - Incorporator

The name and address of the persons signing these articles is:

JOAN FREEDMAN  
5710 Santiago Circle  
Boca Raton, Florida 33433

Article 9 - Powers

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

Article 10 - Indemnification

The corporation shall indemnify any officer, or any former officer to the full extent permitted by law.

Article 11 - Amendment

This corporation reserves the right to amend or repeal any provisions contained in these articles of incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these articles of incorporation this 29 day of September, 1999.

  
JOAN FREEDMAN

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared JOAN FREEDMAN who is personally known to me or who produced \_\_\_\_\_ as identification, who executed and acknowledged before me that said person executed the foregoing articles of incorporation and who did take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and seal in the state and county aforesaid this 29 day of September, 1999.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:




James B. Hayes  
MY COMMISSION # CC526653 EXPIRES  
March 3, 2000  
BONDED THRU TROY FAIR INSURANCE, INC.

**ACCEPTANCE BY REGISTERED AGENT  
OF  
NURSE PRACTITIONER PRACTICE OPTION, INC.**

Having been named to accept service of process for the above stated corporation at the place designated, I hereby accept to act in this capacity and agree to comply with the provisions of chapter 48.091, Florida Statutes, relative to keeping open said office.

  
JOAN FREEDMAN

Sworn to and subscribed before me this 29 day of September, 1999.

  
Notary Public

My Commission Expires:



James B. Hayes  
MY COMMISSION # CC526653 EXPIRE  
March 3, 2000  
BONDED THRU TROY FAIN INSURANCE, INC.

**FILED**  
99 OCT -4 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA