THE TANSMITTAL ENTER 34

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

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SUBJECT:	WCDerm, INC.			-a
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\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Stephen J. Vitale, M.O. Name (Printed or typed)			٥	
4651 Gulf Shore Blud, N; #1405 Address				
	Naples, FL	34103 tate & Zip	SECRETALLAHA	
941-263-5842				
Daytime Telephone number				

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

ARTICLES OF INCORPORATION

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

ARTICLE I

The name of the corporation shall be: WCDerm, Inc.

ARTICLE II

The principal place of business and mailing address of the corporation shall be: 4651 Gulf Shore Blvd., N., #1405
Naples, Florida 34103

ARTICLE III

The aggregate number, class, and par value, if any, of shares which the corporation shall have authority to issue shall be 30,000 shares of common stock at \$1.00 par value. Each shareholder shall be entitled to full preemptive rights to acquire shares on any subsequent issuance of shares of this corporation.

ARTICLE IV

The name and Florida street address of the initial registered agent is: Stephen J. Vitale, MD 4651 Gulf Shore Blvd., N., #1405 Naples, Florida 34103

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation is: Stephen J. Vitale, MD

4651 Gulf Shore Blvd., N., #1405 Naples, Florida 34103

Signature/Incorporator

10/1/99 Date

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/Registered Agent

1%1/99 Date