

**TRANSMITTAL LETTER**

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

100003044671--9  
-11/15/99--01131--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Subject: WomanCare of Orlando, Inc.

Enclosed are an original and one copy of the articles of incorporation and a check for \$78.75 for filing fee and Certificate of Status.

From:

Tammy Sobieski  
1030 Herman Ave.  
Orlando, FL. 32803  
407-896-2233

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STATE  
TALLAHASSEE, FLORIDA

gjc 11/17

## ARTICLES OF INCORPORATION

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

### Article 1

The Name of the Corporation shall be: Woman Care of Orlando, Inc.

### Article 2

The principle place of business is:

WomanCare of Orlando, Inc.  
1030 Herman Ave.  
Orlando, FL 32803

The mailing address of the Corporation is:

WomanCare of Orlando, Inc.  
1030 Herman Ave.  
Orlando, FL 32803

### Article 3

The corporation is authorized to issue one class of stock, that being 1000 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

### Article 4

The name and address of the initial registered agent is:

Tammy Sobieski  
1030 Herman Ave  
Orlando, FL 32803

### Article 5

The name and address of the incorporator is:

Tammy Sobieski  
1030 Herman Ave  
Orlando, FL 32803

11/6/97  
\_\_\_\_\_  
Date

Tammy Sobieski  
\_\_\_\_\_  
Signature/Incorporator Tammy Sobieski

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CERTIFICATE OF DESIGNATION  
OF  
REGISTERED OFFICE AND AGENT

WomanCare of Orlando, Inc.  
1030 Herman Ave  
Orlando, FL 32803

Having been named as the 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.

TSobuski  
Signature of registered agent

11/6/99  
Date

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