

P96000067002

TRANSMITTAL LETTER

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

SUBJECT: Healthcare Partners Unlimited, Inc.
(Proposed corporate name - must include suffix)

800001817418
08/09/96--01017--0119
***131.25 ***131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: MR. JOHN KOWALSKI
Name (printed or typed)

5341 CITRUS BLVD., APT. 371, BLDG 'L'
Address

RIVER RIDGE, LA 70123
City, State & Zip

(504) 587-7510
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 AUG - 8 AM 9:00

FILED

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

8.13.96
KR

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

HEALTHCARE PARTNERS UNLIMITED, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5341 CITRUS BLVD.
APT. 371, BLDG. 'L'
RIVER RIDGE, LA 70123

FILED
96 AUG -8 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

1,000 SHARES AUTHORIZED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ERNEST HARTMAN
1806 N. 42 AVE
HOLLYWOOD, FL 33021

ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MR. JOHN KOWALSKI
5341 CITRUS BLVD.
APT. 371, BUILDING 'L'
RIVER RIDGE, LA
70123

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1 day of AUGUST, 19 96.

(An additional article must be added if an effective date is requested.)

original

John R. Kowalski
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED 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: HEALTHCARE PARTNERS UNLIMITED, INC.

2. The name and address of the registered agent and office is:

ERNEST HARTMAN
(NAME)

1806 N. 42 AVE.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

HOLLYWOOD, FL 33021
(CITY/STATE/ZIP)

FILED
95 AUG -8 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Ernest Hartman
(SIGNATURE)

July 30, 1996
(DATE)

Original