

TRANSMITTAL LETTER

P00000004962

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

00 JAN -6 AM 8:16
TALLAHASSEE, FL 32314

SUBJECT: Independent Physicians Consulting Inc.
(Proposed corporate name - must include suffix)

400003090604--0
-01/06/00--01071-012
*****78.75 *****78.75

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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Adam Bianchini, MD
Name (Printed or typed)

4440 Camrose Lane
Address

W Palatka FL 32417
City, State & Zip

Per Angie - 561 697 4788
Daytime Telephone number

Adam Bianchini GIVE
AUTHORIZATION BY PHONE TO
CORRECT ART I. add suffix, ART II, IV + V
DATE 1/14
MO. EXAM SAT

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

ARTICLES OF INCORPORATION

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 NAME

The name of the corporation shall be:

Independent Physicians Consulting Inc.

ARTICLE II PRINCIPAL OFFICE

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

4440 Camrose Lane
West Palm Beach, FL 33417

ARTICLE III SHARES

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

100 shares of common stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Adam Bianchini
4440 Camrose Lane, West Palm Beach, FL 33417

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Adam Bianchini
4440 Camrose Lane, West Palm Beach, FL 33417



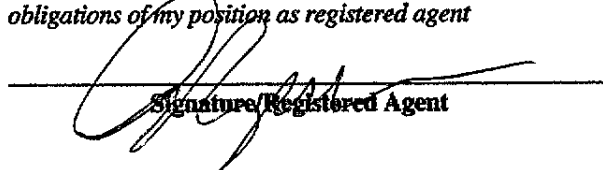
Signature/Incorporator

1 4 00

Date

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

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 4 00

Date

00 JAN -6 AM 8:16
TALLAHASSEE, FLORIDA