

N19000004211

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

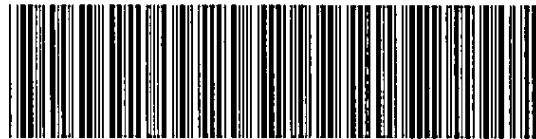
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400327571774

04/15/19--01010--021 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 APR 15 PM 12:00

TD 4/22/19

## COVER LETTER

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

**SUBJECT:** UPM Employee Support Fund, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

**ADDITIONAL COPY REQUIRED**

**FROM:** John N. Camperlengo  
\_\_\_\_\_  
Name (Printed or typed)

1501 Yamato Rd. Suite 200W  
\_\_\_\_\_  
Address

Boca Raton, FL 33431  
\_\_\_\_\_  
City, State & Zip

561-226-5699  
\_\_\_\_\_  
Daytime Telephone number

john.camperlengo@unifiedhc.com

E-mail address: (to be used for future annual report notification)

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

# ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be: UPM Employee Support Fund, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:  
1501 Yamato Rd, Suite 200W

Boca Raton, FL 33431

Mailing address, if different is:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 APR 15 PM 12:00

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide financial assistance to needy employees of Unified Physician Management, LLC, its subsidiaries and affiliates and such employees' family members who have suffered disaster or employee emergency hardship without regard to race, color, national or ethnic origin, religion, gender or sexual orientation.

Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, after all debts have been satisfied.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As provided for in the by-laws.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John N. Camperlengo, Director

Address: 1501 Yamato Rd, Suite 200W

Boca Raton, FL 33431

Name and Title: Diana Palumbo, Director

Address: 1501 Yamato Rd, Suite 200W

Boca Raton, FL 33431

Name and Title: Jennifer Horner, Director

Address: 1501 Yamato Rd, Suite 200W

Boca Raton, FL 33431

Name and Title: Catharine Silva, Director

Address: 8110 Maple Lawn Blvd., Suite 235

Fulton, MD 20759

Name and Title: Brian Renaud, Director

Address: 1501 Yamato Rd, Suite 200W

Boca Raton, FL 33431

Name and Title: Danielle Duke, Director

Address: 1501 Yamato Rd, Suite 200W

Boca Raton, FL 33431

Name and Title: Karen Ryer, Director  
Address: 99 Cherry Hill Road, Suite 220  
Parsippany, NJ 07054

Name and Title: Janis Newcomb, Director  
Address: 200 Perimeter Park Drive, Suite B  
Morrisville, NC 27560

Name and Title: Tom Bongiorno, Director  
Address: 1501 Yamato Rd, Suite 200W  
Boca Raton, FL 33431

Name and Title: Jon Hofer, Director  
Address: 1501 Yamato Rd, Suite 200W  
Boca Raton, FL 33431

FILED  
CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATIONS  
19 APR 15 PM 12:00

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: UPM Service Corp.  
Address: 1501 Yamato Rd, Suite 200W  
Boca Raton, FL 33431

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: John N. Camperlengo  
Address: 1501 Yamato Rd, Suite 200W  
Boca Raton, FL 33431

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

03/22/19  
Date

*I submit this document and affirm that the facts stated herein are true, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature of Incorporator

03/22/19  
Date