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To Secretary of State
Division of Carporations
P.O. Box 6327
Tallahorser, P1 32314

5/24/₀₀ (date)

100003271061---7 -05/30/00--0136--016 *****122.50 ******78.75

Dear Sir or Madam:

Enclosed please find the necessary documents for the corporate registration of what we well sewices. I.A., along with a check in the amount of \$122.50 for the filing fee and any other required costs.

Also enclosed is a photocopy of the these corporate documents. Please return this to me with the filing date stamped on it.

Thank you,

(du OHolgse-

OO JUN 21 PM 1:17
SECRETARY OF STATE
TALLAHASSEE

W-14506

12/0/21



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 8, 2000

ALAN HALPERIN 1760 3RD STREET S. JACKSONVILLE BEACH, FL 32250

SUBJECT: INTEGRATIVE MEDICAL SERVICES, P.A.

Ref. Number: W00000014506

We have received your document for INTEGRATIVE MEDICAL SERVICES, P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

The registered agent must sign accepting the designation.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6929.

Shannon Thompson Document Specialist

Letter Number: 100A00032495

STATE OF FLORIDA ARTICLES OF INCORPORATION OF

INTEGRATIVE MEDICAL SERVICES, P.A. A BUSINESS/STOCK CORPORATION

The name of the corporation is Integrative Medical Services, P.A.

OD JUNZ, PO ALLANDARY PN 1:17 The business and mailing address of the corporation is 1760 3rd Street South, Jacksonville Beach, Florida 32250.

The duration of the corporation is perpetual.

The corporation has been organized to transact any and all lawful business for which corporations may be incorporated in this state.

The specific nature of business of the professional association is medical services.

The aggregate number of shares which the corporation shall have the authority to issue is 1,000 and the par value of each shall be \$1.00.

The number of directors constituting the initial board of directors of the corporation is 2, and their names and addresses are:

Alan K Halperin & Dianne M. Johnston 226B South Street Neptune Beach, FL 32266

The location and street address of the initial registered office is 1760 3rd Street South, Jacksonville Beach, FL 32250 in Duval county.

The name of the initial registered agent at such address is Alan Halperin.

The fiscal year shall be 1/1 to 12/31.

The name and address of each officer:

Title Name

Address

PRESIDENT

Alan K. Halperin

1760 3rd Street South,

Jacksonville Beach, Florida 32250

TREASURER

Dianne M. Johnston

same

The name and address of each incorporator:

Alan K Halperin and Dianne M. Johnston, 1760 3rd Street South, Jacksonville Beach, Florida 32250

In witness thereof, the undersigned incorporators have executed these articles of incorporation this $24^{\rm th}$ day of May, 2000.

Halperin, Incorporator

Dianne M. Johnston, Incorporator

I, Alan K. Halperin, am familiar with and accept the duties and responsibilities as Registered Agent.

Alan K. Halperin, Registered Agent