

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 222-8870 • 1-800-342-8062 • Fax (850) 222-1222

P00000067567

Independent Medical
Opinion, PA.

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*****78.75 *****78.75

☒ Art of Inc. File

☐ LTD Partnership File

☐ Foreign Corp. File

☐ L.C. File

☐ Fictitious Name File

☐ Trade/Service Mark

☐ Merger File

☐ Art. of Amend. File

☐ RA Resignation

☐ Dissolution / Withdrawal

☐ Annual Report / Reinstatement

☒ Cert. Copy

☐ Photo Copy

☐ Certificate of Good Standing

☐ Certificate of Status

☐ Certificate of Fictitious Name

☐ Corp Record Search

☐ Officer Search

☐ Fictitious Search

☐ Fictitious Owner Search

☐ Vehicle Search

☐ Driving Record

☐ UCC 1 or 3 File

☐ UCC 11 Search

☐ UCC 11 Retrieval

☐ Courier

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TALLAHASSEE, FLORIDA

00 JUL 14 PM 2:47

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TALLAHASSEE, FLORIDA

00 JUL 14 AM 11:39

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

T. Burch

JUL 14 2000

**ARTICLES OF INCORPORATION
of
Independent Medical Opinion, P.A.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, does hereby associate myself together for the purpose of forming a professional association under the laws of the STATE OF FLORIDA.

ARTICLE I – CORPORATE NAME

The name of the Professional Association is: **INDEPENDENT MEDICAL OPINION, P.A.**

ARTICLE II – DURATION

The Professional Association shall exist perpetually unless dissolved according to FLORIDA LAW.

ARTICLE III – PURPOSE

The Professional Association is organized for the purpose of reviewing medical records and imaging studies, and providing an expert medical opinion regarding the medical diagnosis and treatment which has been rendered to the patient or claimant.

ARTICLE IV - CAPITAL STOCK

The Professional Association is authorized to issue ONE THOUSAND shares (1,000) of ONE Dollar par value Common Stock, which shall be designated "COMMON STOCK".

ARTICLE V – INITIAL REGISTERED AGENT AND OFFICE

The principal office and address of the Professional Association is:

**500 South Palm Avenue
Apt. # 42
Sarasota, Florida 34236**

The name and address of the Initial Registered Agent of this Professional Association is:

**Jane Kummel
500 South Palm Avenue
Apt. # 42
Sarasota, Florida 34236**

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This Professional Association shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1).

The name and address of the initial director of the Professional Association is as follows:

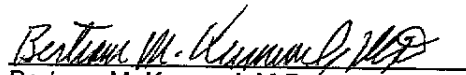
**Bertram M. Kummel, M.D.
500 South Palm Avenue
Apt. # 42
Sarasota, Florida 34236**

ARTICLE VII – INCORPORATOR

The name and address of the incorporator signing these articles is as follows:

**Bertram M. Kummel, M.D.
500 South Palm Avenue
Apt. # 42
Sarasota, Florida 34236**

IN WITNESS WHEREOF, the undersigned subscriber has executed the **ARTICLES OF INCORPORATION** this ____ day of July, 2000.


Bertram M. Kummel, M.D.

**STATE OF FLORIDA
COUNTY OF SARASOTA**

Before me, a Notary Public duly authorized to take acknowledgments in the State and County set forth above, personally appeared, **Bertram M. Kummel, M.D.**, ~~known to me~~ or who produced known as identification and known to be the person described as the subscriber in and who executed the foregoing Articles of Incorporation, who acknowledged before me that he subscribed to said Articles of Incorporation.

Witness my hand and official seal in the county and state last said this 7 day of July, 2000.



NOTARY PUBLIC

My Commission Expires: _____



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

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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.

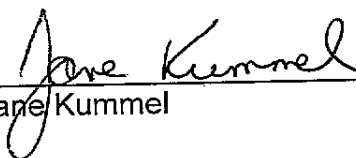
1. The name of the corporation is:

INDEPENDENT MEDICAL OPINION, P.A.

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

**JANE KUMMEL
500 SOUTH PALM AVENUE
APT. #42
SARASOTA, FL 34236**

HAVE 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.



Jane Kummel

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA