## P00000069989

Department of State
Division of Corporations
P. O. Box 6327

Tallahassee, FL 32314

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SUBJECT: 1ST HEALTH PHYSICIANS GOUP 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



\$122.50 Filing Fee & Certified Copy	\$131.25 ALCRETA Filing Fee, ALCRETA Certified Copy & Certificate  \$250.00000000000000000000000000000000000	DO JUL 19 AM	TI
ADDITIONAL COPY REQUIRED		9. 2	_

FROM: MARIANNE BECK

Name (Printed or typed)

553 E. SAMPLE ROAD

POMPANO BEACH, FLORIDA 33064 City, State & Zip

(954) 782-4855 Daytime Telephone number

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

## FILED

## ARTICLES OF INCORPORATION

nn JUL 19 AM 9: 28

The undersigned incorporator, for the purpose of forming a corporation under the Florida SECRETARY OF STATE

Business Corporation Act, hereby adopts the following Articles of Incorporation TALLAHASSEE, FLORIDA Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAM	Œ
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The name of the corporation shall be:

IST HEALTH PHYSICIANS Group, INC.

<u>ARTICLE</u> II PRINCIPAL OFFICE

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

553 E. SAMPLE ROAD Suite 2 POMPANO BEACH, FL 33064

ARTICLE III SHARES

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

1000 shares

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Marianne Beck 553 E. SAMPLE RD Pompano Beach, FL 33064

INCORPORATOR

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

MARIANNE BECK 553 E. SAMPLE ROAD POMPANO BEACH, FL 33064

(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

Signature/Registered Agent