0079852 Requester's Name 01 AUG 14 PM 12: 42 Address SECRETAL 1 OF STATE TALLAHASSEE, FLORIDA 30141 Agoura Road, Suite 205 Agoura Hills, California 91301 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) -06/25/01--01069--003 *****78.75 *****78.75 (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time Walk in ☐ Photocopy Certificate of Status ☐ Will wait Mail out **AMENDMENTS** NEW FILINGS Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS ☐ Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other Examiner's Initials

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 28, 2001

PREMIER MEDICAL MANAGEMENT INC. 30141 AGOURA RD STE 205 AGOURA HILLS, CA 91301

SUBJECT: PREMIER MEDICAL MANAGEMANT INC.

Ref. Number: W01000014981

We have received your document for PREMIER MEDICAL MANAGEMANT INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6052.

Letter Number: 101A00038994

Cynthia Blalock Document Specialist New Filing Section

ARTICLES OF INCORPORATION OF Healthpoint Medical Management Inc.

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 Corp	poration shall be: Healthp	oint Medical Managen	nent Inc.	
ARTICLE II	PRINCIPAL OFF	FICE		
The principal place of	f business and mailing ad	dress of this corporation	on shall be:	•
17097 NW 2				
Pembroke Pi	nes, Florida 33028			
ARTICLE III	<u>SHARES</u>	_	-	
The number of shares \$1.00 par value per sh	that this corporation is an nare.	uthorized to have outst	anding at any one ti	ime is: 1,500 at
ARTICLE IV	INITIAL REGIST	ERED AGENT AI	<u>VD STREET AL</u>	DDRESS
The name and Florida	street address of the initi	al registered agent is:		
Kevin Carter				ECC *
17097 NW 23	3rd Street		•	
-	ies, Florida 33028			
2 413010110 1 11	100, 110,144 55028			SSS F
ARTICLE V	INCORPORATO	?		I L PH 12: L2 INT OF STATE SSEE, FLORID
The name and address	s of the incorporator to the	ese Articles of Incorpo	ration is:	2. 1. S. T.
		•		署登 长
Nellie Akalp				≱ ™ .∨
	a Road, Suite 205			
Agoura Hills,	California 91301			
Nellie &	aus	8/4/00		
Nellie Ak	talp, Incorporator	<u> </u>	Date	-
Having been named as r	registered agent and to accep	ot service of process for i	the above stated corn	oration at the
oiace aesignatea in this	certificate. I hereby accept t	he annointment as revist	tered agent and agree	to act in this
capacity. I juriner agree	to comply with the provisio	ns of all statutes relating	r to the proper and ac-	turi loto
performance of my dutie	s, and I am familiar with an	d accept the obligations	of my position as regi	istered agent.
KOST/	DA		8/0/11	-
Kevan Carte	r, Registered Agent		<u> </u>	<u></u>
ALOVIII Carte	i, registered Agent		1 Date	