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SECHLIANASSEE, FLORIDA

Dept. of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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January 1, 2002

Enclosed please find two (2) copies of the Articles of Incorporation along with a check for \$70.00 to cover the filing fee and the designation of Registered Agent. Please enter beginning date for corporation 01/01/02.

Elizabeth M. Brown

Elizabeth M. Brown

C. BLALOCK JAN 3 2002

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#### **ARTICLES OF INCORPORATION**

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SECRUTAL OF STATE TALLAHASSEE, FLORIDA

The undersigned incorporator (s) for the purpose of forming a corporation under the Florida General Corporation act, hereby adopt (s) the following Articles of Incorporation.

## **ARTICLE I - NAME**

The name of the corporation shall be:

# PHYSICIAN'S ENROLLMENT & CREDENTIALING SERVICES, INC.

The principal place of business of this corporation shall be:

# 9637 SE SHARON STREET HOBE SOUND, FL 33455

### **ARTICLE II - NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the state of Florida, or any other state, county, territory or nation.

#### ARTICLE III - CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is 100 shares at \$1.00 par value.

## **ARTICLE IV - TERM OF EXISTENCE**

This corporation shall exist perpetually.

# ARTICLE V - OFFICERS AND DIRECTORS

The name (s) and street address (es) of the initial officer (s) and director (s), if any, who shall hold office the first year of the corporation's existence or until their successor (s) is (are) elected, is (are):

PRESIDENT/VICE PRESIDENT
DAVID D. DAMERON
9637 SE SHARON STREET
HOBE SOUND, FL 33455

SECRETARY/TREASURER KATHY L. DAMERON 9637 SE SHARON STREET HOBE SOUND, FL 33455

## **ARTICLE VI - INCORPORATORS**

The name (s) and address (es) of the incorporator (s) to this articles of incorporation is (are):

DAVID D. DAMERON 9637 SE SHARON STREET HOBE SOUND, FL 33455 KATHY L. DAMERON 9637 SE SHARON STREET HOBE SOUND, FL 33455 IN WITNESS WHEREOF, The undersigned incorporator (s) has (have) executed these Articles of Incorporation this 1<sup>ST</sup> Day of JANUARY, 2002.

SIGNATURES OF INCORPORATOR (S)

#### STATE OF FLORIDA

#### COUNTY OF PALM BEACH

THE FOREGOING instrument was acknowledged and sworn to before me this 1<sup>ST</sup> Day of JANUARY, 2002. ELIZABETH M. BROWN

NOTARY PUBLIC

My commission expires:

OFFICIAL NOTARY SEAL ELIZABETH M BROWN NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC924321 MY COMMISSION EXP. APR. 24,2004

(SEAL)

CERTIFICATE DESIGNATING REGISTERED AGENT D2 JAN -2 PM 3: 45

REGISTERED OFFICE

SECING TALLAHASSEE, STATE

Pursuant to the provisions of Section 607.325, Florida Statues, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent / registered office, in the state of Florida.

- A. The name of the corporation is: PHYSICIAN'S ENROLLMENT & CREDENTIALING SERVICES, INC.
- B. The name and address of the registered agent and office is:

ELIZABETH M. BROWN FIORELLO INCOME TAX SERVICE 65-0795300 3094 JOG ROAD GREENACRES, FL 33467

gnature (Corporate Officer)

Title President / Vice President

Date \_\_\_\_\_JANUARY 1, 2002

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 607.325 of Florida statutes.

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(Registered Agent)