

Division of Corporations

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TALLAHASSEE FLORIDA

Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : BERMAN AND BERMAN, PA.  
Account Number : I20000000102  
Phone : (305)387-3351  
Fax Number : (305)387-1929

**FLORIDA PROFIT CORPORATION OR P.A.**

healthcare risk partners, inc.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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ARTICLES OF INCORPORATION  
OF  
HEALTHCARE RISK PARTNERS, INC.

- FIRST: The name of this corporation is HEALTHCARE RISK PARTNERS, INC.
- SECOND: This corporation is organized for the purpose of transacting any and all lawful business for which corporations may be formed under Chapter 607 of the Florida Statutes.
- THIRD: This corporation is authorized to issue 1,000 shares of common stock, par value \$1.00 per share.
- FOURTH: The street address of the initial registered office is: 1570 S. Treasure Drive; N. Bay Village, FL 33141 and the name of the initial registered agent of this corporation at that address is: Robert Trinka
- FIFTH: The street address of the corporation is: 1570 S. Treasure Drive; N. Bay Village, FL 33141.
- SIXTH: This corporation shall have one director initially. The number of directors may be increased or diminished from time to time as provided in the By-Laws but shall never be less than one. The name and address of the initial director of this corporation is:  
Robert Trinka 1570 S. Treasure Drive  
N. Bay Village, FL 33141
- SEVENTH: The name and address of the incorporator of this corporation is:  
Robert Trinka 1570 S. Treasure Drive  
N. Bay Village, FL 33141
- EIGHTH: This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or in any amendment hereto, and any right conferred upon the shareholders is subject to reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 3<sup>rd</sup> day of July, 2002.

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Robert Trinka, Incorporator

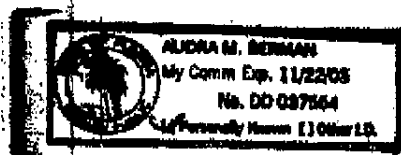
STATE OF FLORIDA       )  
                              )SS:  
COUNTY OF MIAMI-DADE )

Before me, a Notary Public authorized to take acknowledgements in the State and County seat above, personally appeared Robert Trinka, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and Robert Trinka acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have, hereunto, set my hand and affixed my official seal, in the State and County aforesaid, this 3<sup>rd</sup> day of July, 2002.

My Commission Expires: \_\_\_\_\_

  
NOTARY PUBLIC  
STATE OF FLORIDA



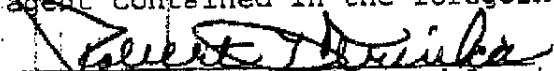
Personally known  
Produced identification  
If produced identification,  
type

**ACCEPTANCE OF APPOINTMENT**

**OF**

**REGISTERED AGENT**

The undersigned hereby accepts the appointment as registered agent contained in the foregoing Articles of Incorporation.

  
Robert Trinka, Registered Agent

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