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Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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## To:

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

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 SEP -3 AM 7:50

**FLORIDA PROFIT CORPORATION OR P.A.**  
**PHYSICIAN SERVICES AND SOLUTIONS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be **PHYSICIAN SERVICES AND SOLUTIONS, INC.**

### ARTICLE II PRINCIPAL OFFICE

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

**19446 SW 25 TH COURT  
MIRAMAR, FL, 33029**

### ARTICLE III SHARES

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

This corporation is authorized to issued 100 shares of \$ 1.00 par value common stock which shall be designated to President

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is:

**BERNABE PEREZ  
19446 SW 25 TH COURT  
MIRAMAR, FL, 33029.**

### ARTICLE V INCORPORATOR(S)

The name (s) and Street address (es) of the incorporator(s) to these Articles of Incorporation is (are):

**BERNABE PEREZ .  
19446 SW 25 TH COURT  
MIRAMAR, FL, 33029.**

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ARTICLE VI DIRECTOR(S)

The name and street address(es) of the director(s) to these Articles of Incorporation is (are) :

**BERNABE PEREZ : 19446 SW 25 TH COURT  
MIRAMAR, FL, 33029.**

The undersigned incorporator (so has (have) executed these Articles of Incorporation this  
28 days of August, of 2002.

B. P.  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee-\$ 35

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned 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: **PHYSICIAN SERVICES AND SOLUTIONS, INC.**

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

BERNABE PEREZ

1

(NAME)

19446 SW 25 TH COURT

2

**(P.O.BOX NOT ACCEPTABLE)  
MIRAMAR, FL, 33029**

3

\_\_\_\_\_  
(CITY/STATE/ZIP)

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 OBLIGATIONS OF MY POSITION AS  
REGISTERED AGENT.

SIGNATURE B - P

DATE: AUGUST-28-2002

\_\_\_\_\_  
REGISTERED AGENT FILING FEE: \$ 35.00

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