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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-10-02

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Industrial Medicine Professionals, Incorporated
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee	☑ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Kyle Savitz, ARNP
Name (Printed or typed)

818 Havenwood Drive
Address

Orlando, Florida 32828
City, State & Zip

(407)277-5118
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Industrial Medicine Professional, Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

818 Havenwood Drive, Orlando, Florida 32828

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The specific purposes for which this corporation is organized are to provide health care and services related to occupational and industrial medicine illness and injury. The duration of this corporation shall be perpetual.

ARTICLE IV SHARES

The number of shares of stock is:

100 (one hundred) at $20.00 (twenty dollars) per share - cw

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

deferred

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Kyle Savitz, ARNP
818 Havenwood Drive
Orlando, Florida 32828

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Kyle Savitz, ARNP
818 Havenwood Drive
Orlando, Florida 32828

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Kyle Savitz ARNP — Signature/Registered Agent — 11/18/02 — Date

Kyle Savitz ARNP — Signature/Incorporator — 11/18/02 — Date