

Division of Corporations

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TALLAHASSEE, FLORIDA

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

From:  
Account Name : ACE INDUSTRIES, INC.  
Account Number : 070744001530  
Phone : (305) 358-2571  
Fax Number : (305) 373-7718

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

**HEALTHCARE PRACTICE RESOURCES, INC.**

Certificate of Status	0
Certified Copy	1
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**H03-110486**

**Articles of Incorporation**

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TALLAHASSEE, FLORIDA

Article 1: Name of Corporation: **HEALTHCARE PRACTICE RESOURCES, INC.**

Address of Corporation: **7000 BRYAN DAIRY ROAD #A6  
LARGO, FL. 33777**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is 10,000, with a par value of .01.

Article 3: REGISTERED AGENT: **BARRY W. GREENLEAF**

REGISTERED OFFICE: **6077 LONG BAYON WAY N.  
ST. PETE., FL. 33708**

\*I am familiar with and hereby accept the duties and responsibilities as Register Agent for said corporation.



Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).  
First listed is President, Second is Vice President, then Secretary/Treasurer.

1. **BARRY W. GREENLEAF, 6077 LONG BAYON WAY N., ST. PETE., FL. 33708**
2. **JEFF ROY, 3503 HARKEN CIR., TAMPA, FL. 33607**
3. **MATT SCHMID, 1011 PARLEY DR., TAMPA, FL. 33626**

Article 5: The NAME and ADDRESS of the INCORPORATOR is:  
**BARRY W. GREENLEAF  
6077 LONG BAYON WAY N.  
ST. PETE., FL. 33708**

In witness whereof, I have subscribed my name:



Signature of Incorporator

**H03-110486**