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# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : PAUL SALVER, P.A.

Account Number: 120020000087 Phone: (954)389-1333

Fax Number : (954)389-1397

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## FLORIDA NON-PROFIT CORPORATION

### Physician's Resource Network Corporation

Certificate of Status	1
Certified Copy	0
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PANAGOS SALVER & COOK, LLP

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#### ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

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ARTICLE I NAME

The name of the corporation shall be:

Physician's Resource Network Corporation

ARTICLE II PRINCIPAL OFFICE

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

2721 Executive Park Drive, Suite 4

Weston, FL 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To assist members of the medical profession in finding and retaining competent and economical assistance for business, professional, consulting and legal matters.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The provision for qualification of members and the manner of their admission will be provided for in the by-laws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Paul J. Panagos

2721 Executive Park Drive

Weston, FL 33331

Director

Paul Salver

2721 Executive Park

Drive, Suite 4

Weston, FL 33331

Kristine Borisewitz 2721 Executive Park Dr.

Suite 4

Weston, FL 33331

Director Director

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Paul Salver

2721 Executive Park Drive, Suite 4

Weston, Fl 33331

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paul Salver

2721 Executive Park Drive, Suite 4

Weston, FL 33331

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.

Signature/Registered/Agent

Signature/Incorporator

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Date