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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: MURDOCH FAMILY PHYSICIANS, P.A.
(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: ROBERT MURDOCH AP
Name (Printed or typed)

4632 VINCENNES BLVD, SUITE 104
Address

CAPE CORAL FL 33904
City, State & Zip

(239) 540-1220
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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ARTICLE I NAME

The name of the corporation shall be:

MURDOCH FAMILY PHYSICIANS, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4632 VINCENNES BLVD, SUITE 104, CAPE CORAL FLORIDA 33904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE MEDICAL ADVICE, PRODUCTS AND SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

~100~

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ROBERT MURDOCH, A.P., 4632 VINCENNES BLVD, SUITE 104, CAPE CORAL, FLORIDA 33904, USA. PRESIDENT

NONEEN MURDOCH, A.P., 4632 VINCENNES BLVD, SUITE 104, CAPE CORAL, FLORIDA, 33904, USA. VICE-PRESIDENT

ARTICLE VI REGISTERED AGENT

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

ROBERT MURDOCH, A.P., 4632 VINCENNES BLVD, SUITE 104, CAPE CORAL, FLORIDA 33904, USA

ARTICLE VII INCORPORATOR

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

ROBERT MURDOCH A.P., 4632 VINCENNES BLVD, SUITE 104, CAPE CORAL FLORIDA 33904, USA

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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

Signature/Registered Agent — 11/15/2003 Date

Signature/Incorporator — 11/15/2003 Date