# P0300158380

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE
TALLANISS E. FLORIDA

# TRANSMITTAL LETTER

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

SUBJECT: PRO	VIDER CONTRACT SERV	ICES, INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
<b>2</b> \$70.00	<b>□</b> \$78.75	<b>□</b> \$78.75	<b>□</b> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CO	PY REQUIRED
FROM: JO	OHN A. LEVIN		
	Name	(Printed or typed)	
	317 S. DIXIE FREEWAY		
-		Address	· , <del>,,,,</del>
	NEW SMYRNA BEACH, F	FL. 32168	
-	City	, Štate & Zip	<del></del> .
	386-689-4410		
-	Daytime 7	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)

### ARTICLE I NAME

The name of the corporation shall be: PROVIDER CONTRACT SERVICES, INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
371 S. DIXIE FREEWAY PO BOX 1524
NEW SMYRNA BEACH, FL. 32168 NEW SMYRNA BEACH, FL. 32170

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDING MEDICAL SERVICES NETWORK

### ARTICLE IV SHARES

The number of shares of stock is: 100.000

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARLENE SMITH PRESIDENT PO BOX 1524 NSB FL 32168

E. DIETRICH DRAGTON VICE PRESIDENT PO BOX 1524 NSB FL 32168

JOHN A. LEVIN SEC/TREAS PO BOX 1524 NSB FL 32168

### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

JOHN A. LEVIN 317 S. DIXIE FREEWAY - NEW SMYRNA BEACH - FL. - 32168

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARLENE SMITH 317 S. DIXIE FREEWAY - NEW SMYRNA BEACH - FL, - 32168

EFFECTIVE DATE OF CORPORATION 01012004

***************	**************
Having been named affregistered agent to accept service of process for certificates I am familiar with and accept the appointment as registered as	the above stated corporation at the place designated in this gent and agree to act in this capacity
John Ale	12-15-03
Signature/Registered Agent	Date
Marlese Abrich	
Signature/Incorporator	Date

EFFECTIVE DATE