

P040000016095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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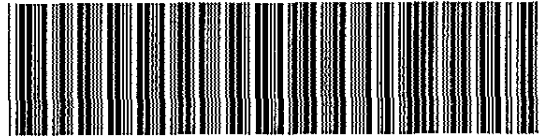
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: _____

PHYSICIAN EXPERTS, INC.
(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: _____

CHRISTINA PAVLAN, MD
Name (Printed or typed)

600 MONTE VISTA
Address

(mailing address for now)

IRVINE, CA 92602
City, State & Zip

714-417-9730 / 714-206-2971
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)

ARTICLE I NAME

The name of the corporation shall be:

PHYSICIAN EXPERTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business (mailing address) is:

160 MONTE VISTA
IRVINE, CA 92602

PRINCIPAL PLACE OF BUSINESS
3489 AVOCADO DRIVE
LARGO, FL 33770

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL CONSULTING

ARTICLE IV SHARES

The number of shares of stock is:

The number of shares of stock that this corporation is authorized to have outstanding at any time is One thousand (1000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

WAIL SARUETT, MD — PRESIDENT
CHRISTINA PAYLAN, MD — VICE-PRESIDENT

ARTICLE VI REGISTERED AGENT

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

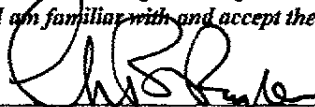
CHRISTINA PAYLAN, MD
3489 AVOCADO DRIVE
LARGO, FL 33770

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHRISTINA PAYLAN, MD
3489 AVOCADO DRIVE
LARGO, FL 33770

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

 CHRISTINA PAYLAN, MD
Signature/Registered Agent

1/23/04
Date


Signature/Incorporator
CHRISTINA PAYLAN, MD.

1/23/04
Date